CITY OF CAPE TOWN

1977

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

THE STAFF OF ASCLEPIOS

Asclepios the god of medicine, was the son of Apollo and Coronis. He was killed with a thunderbolt from Zeus because Pluto complained that through his efforts Hades was being depopulated. At Apollo's request, after his death, he was placed among the stars. His children included HYGIEIA and PANACEA. He is normally represented as an old man with a beard, and his main attribute is a staff with a serpent coiled around it. This has become the symbol of Medicine.

These two symbols, the serpent and the staff, have different interpretations and their mythological assessments point to various origins. The serpent embodies the destructive and life giving forces of water and the sun. The serpent of Asclepios was the protector of medicinal springs. The snake was also held to symbolise the unconscious side of man. The annual shedding of skin represents the restoration of health following a severe disease.

The staff, too, has had various significances attached to it. Since it was used by travellers, it suggested the willingness of the physician to travel long and wearisome journeys to help and cure the sick. It represents the tree of life, and, as a phallic symbol, it contains the idea of creativity. Probably most important is the interpretation of the staff of Asclepios embodying both elements as a symbol of harmony and unity towards which the sick could turn in their hour of need.

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CITY OF CAPE TOWN

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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REPORT OF THE MEDICAL OFFICER OF HEALTH

OF THE CITY OF CAPE TOWN

FOR THE YEAR 1977

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THE CORPORATION OF THE CITY OF CAPE TOWN

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1977

HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE CITY OF CAPE TOWN

Ladies and Gentlemen

I have pleasure in presenting my Third Annual Report which deals with the health conditions in the City of Cape Town during the year 1977 and also an account of the work carried out by the City Health Department during that time.

The new format of the report introduced last year has been favourably received and so has been continued in this issue.

It caters for three categories of reader : –

Firstly, those who may wish to acquire a brief overall picture of the situation and can do so by perusing the first few pages.

Secondly, those with a deeper interest will find the above expanded upon in the text.

Finally, an index and detailed statistics are contained in the third section.

During 1977 a milestone was reached in the health services of South Africa with the passing into law of the new Health Act No 63 of 1977. This piece of legislation is a flexible one, and its provisions can provide for the City Health Department an exciting and challenging role in the future health services of the country. In particular, provision is made for an increase in emphasis on comprehensive community health services particularly preventive services (which have been financially neglected in the past) and this places South Africa in the forefront of advanced medical thinking throughout the world.

It is the firm intention of this Department to do its utmost to meet the challenge in the years ahead.

TOTAL AREA CITY OF CAPE TOWN : – 23 970 hectares.

TOTAL POPULATION
This is estimated to have increased to 866 990 (257 340 White, 495 300 Coloured, 103 000 Black and 11 350 Asian).

SOCIAL CONDITIONS
Socially there was no repetition of the civil disorders which marked the year 1976 although some aftermaths remained, and in a few minor instances hampered the work of the Department.

ECONOMIC CONDITIONS
Economic conditions remained depressed in 1977 although a slight upward trend was noticed towards the end of the year. Average unemployment figures remained high, and this contributed to a decline in socio-economic conditions particularly among the Black and Coloured population groups.

NOTIFIED LIVE BIRTHS
These numbered 18 933 (2 875 White, 11 926 Coloured, 3 915 Blacks and 217 Asian), a decrease of 708 over 1976. This reflected a fall in the overall birth rate from 23,3 to 21,8 per 1 000 population.

STILL BIRTHS
These numbered 298 compared with 322 in 1976

ILLEGITIMACY
Illegitimate births decreased from 7 508 in 1976 to 7 357 in 1977 and accounted for 38,9% of all births. Illegitimacy rates for Whites in Cape Town (9,8% of all births) and in Washington, D C (12,9%) and for Blacks in these two cities (61% and 57% respectively) are remarkably similar.

DEATHS
Total corrected deaths numbered 6 375 compared with 6 747 the previous year. Details are in the tables.

INFANT MORTALITY
The number of deaths was lower in 1977 and infant mortality rates fell to the lowest ever recorded, for Whites, Coloureds and Blacks (8,3; 25,9 and 66,4 deaths per 1 000 live births respectively). As infant mortality is regarded as a most sensitive index of preventive health care these statistics are encouraging.

MATERNAL DEATHS
There were 5 deaths (2 Coloured and 3 Blacks) of which 3 were due to abortion and 2 to childbirth.

DEPARTMENTAL RE-ORGANISATION
The complete re-organisation of the Department's Promotive and Preventive Services from the basis of a number of self-contained Branches e g Maternal and Child Welfare Branch, Tuberculosis Branch, Venereal Diseases Branch etc into a comprehensive preventive service to co-operate with the curative services provided by the Provincial Hospitals Department continued. (Re-habilitative services have yet to be developed on a broad scale and legislative indications at the time of writing are that the City Health Department will be closely involved in this undertaking in the not too distant future).

This re-organisation entails the conversion of clinics to the polyclinic principle and the in-service training of medical, nursing, administrative, and clerical staff in the new concept. In this connection, the Heideveld Polyclinic had been set up as a pilot scheme in 1974. From the outset, the re-organisation was enthusiastically accepted by all concerned, and the obvious advantages of a more complete service to the public, fuller utilisation of premises, and also the fuller utilisation of the skills and training of all professional staff were realised.

By the end of 1977 Heideveld, Silvertown, Retreat, Lavender Hill, Kensington, Bonteheuwel, Manenberg, Hanover Park, Parkwood, Langa, Guguletu, Netreg, Newfields, Claremont, Mitchells Plain and Wynberg were offering comprehensive promotive and preventive Health Services to some 680 500 people of all races.

FINANCIAL IMPLICATIONS
A very marked and expected increase in staff productivity accruing from the re-organisation was evidenced by the fact that the departmental expenditure increased over the previous year by a mere 1,75%! This must be seen against a National inflation rate in excess of 10%. When it is considered that in addition to controlling expenditure the progressive expansion of services continued, we regard this as one of the years most satisfying achievements.

FAMILY PLANNING
Attendances increased over 1976 and it is estimated that about one in every twenty five Whites and almost one in every three Coloured women of Child bearing age (15 – 49 years) are attending City Council Family Planning Clinics.

ANTE-NATAL CARE
Attendances continued to fall due to many factors, including the decrease in deliveries booked with private midwives, the increased provision of services by the Provincial authorities, and the decrease in the number of pregnancies.

CHILD WELFARE
Total clinic attendances increased from 292 792 in 1976 to 345 538 in 1977. The increase is thought to be due to the greater frequency and availability of services brought about by the change to the comprehensive polyclinic concept.

GERIATRICS
The Geriatric service commenced in 1975 was extended during the year. These clinics are proving highly successful and are accepted by the residents of the areas concerned as one of the most popular components of the health service. They have also provided the first meaningful bridge for involvement of the community in the actual services being rendered.

HOME VISITING
This continues to be a vital aspect of the promotive and preventive personal health service with 155 809 such visits being recorded in 1977.

HEALTH EDUCATION
Emphasis was again placed on the in-service training of all professional staff of the Department in this field to maximize the impact of our small regular Health Education Staff.

TUBERCULOSIS
Total notifications of all forms of this disease in local residents rose from 2 013 in 1976 to 2 149 in 1977, but imported cases in residents of less than six months standing fell from 622 to 487. It is estimated that the approximate number of notified cases of Tuberculosis (all forms) still requiring chemotherapy at the mid-point of the year per 10 000 population, was Whites 4,0; Asian 4,8; Coloureds 33,5 and Blacks 212,3.

Notification rates of Pulmonary Tuberculosis in 1977 were 0,53 (Asian); 0,24 (Whites); 2,18 (Coloureds) and 8,91 (Blacks) per 1 000 population.

Tuberculosis remains the most important single communicable disease problem in Cape Town and there were 165 Tuberculosis (all forms) deaths in 1977, 3 less than in 1976.

SEXUALLY TRANSMITTED DISEASES (S T D)
The number of new attendances at clinics rose to 16 064 from 15 969 the previous year. Only 13 180 of these were confirmed as cases of sexually transmitted disease however, compared with 12 985 in 1976. Acquired Syphilis cases decreased by 38 and Gonorrhoeal infection increased by 578; other S T D cases decreased by 328. Non-venereal diagnoses decreased by 100. Congenital Syphilis cases showed a decrease from 75 cases in 1976 to 58 cases in 1977.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
Cerebro-Spinal Fever – There were 128 cases in 1977 compared with 120 in 1976.

Viral Hepatitis – There were 121 cases and 4 deaths compared with 102 cases and 3 deaths in 1976.

Typhoid Fever – There were 20 local cases (4 Whites, 13 Coloureds and 3 Blacks) and 17 imported cases (2 Whites, 4 Coloureds, 3 Asians and 8 Blacks) notified during 1977.

Other Notifiable Diseases – There were 19 cases of Whooping Cough, 17 of Scarlet Fever, 14 of Opthalmia Neonatorium, 4 each of acute Poliomyelitis and Puerperal Fever, 2 each of Erysipelas, Tetanus and Diphtheria, and 1 case of Leprosy notified during 1977.

NON-NOTIFIABLE COMMUNICABLE DISEASES
Measles : – Despite the limited immunisation programme of the past few years there were 778 admissions to the City Hospital of measles with complications (437 local and 341 out-of city-cases) in 1977, compared with 626 (352 local and 274 out-of-city cases) in 1976. Thus local admissions increased by 20% from 1976 to 1977. There were 24 deaths in the City Hospital of measles with complications (3,8% of measles admissions).

Corrected registered deaths of municipal residents from this disease (whether admitted to City Hospital or not) totalled 41 (compared with 34 in 1976). Also an increase of 20%.

We are commencing an intensive immunisation programme against this disease. The problem is not a simple one, but we hope for good control in the City of Cape Town area in 4 to 5 years time.

Influenza, Bronchitis and Pneumonia : – No estimate of the morbidity occasioned by these conditions can be made but together they caused 545 deaths in 1977 compared with 710 in 1976 (a decrease of 23%).

Gastro-Enteritis : – Diarrhoeal diseases killed 168 persons in 1977 compared to 264 in 1976 (a decrease of 36%).

CITY HOSPITAL
There were 1 953 admissions in 1977 compared with 1 777 in 1976.

DENTAL SERVICES
Overall total attendance fell by 28,2% from 1976 to 1977. This drop can largely be ascribed to the gradual takeover by the State Health Department of the Coloured school children service, and the civil unrest in

1976 which resulted in the closure of the Langa and Guguletu Dental Clinics for the greater part of 1976 and 1977.

ENVIRONMENTAL HEALTH

Health Inspection : – The total number of inspections of all types carried out by our inspectorate in 1977 was 138 081. Details in the Tables.

AIR POLLUTION

Three more Smoke Control Zones were added in 1977 to the first zone declared in 1976. In these zones nineteen contraventions of the smoke density limit were observed and the premises visited.

WATER SUPPLY

This posed no health problems during the year.

MILK CONTROL

A promising start has been made with the state-controlled Brucellosis eradication scheme, and Blood tests done during the year have shown that the infection rate is not as high as originally thought.

Control over the Abattoir remained with the Town Clerks Department.

Unsound meat and other foodstuffs were condemned where necessary and food samples analysed to detect infringements of Act 54 of 1972.

CONTROL OF TRADING

5 232 Applications to trade were dealt with in 1977 compared with 5 296 in 1976.

HOUSING

The application list for Coloured housing increased by 2 792. Only 1 025 families from the waiting list were housed during the year. The housing shortage is so acute that it is urged that in addition to the housing schemes attention will have to be given to site and service schemes in the short term.

SEWERAGE

The vast majority of premises in Cape Town are connected to the water-borne sewerage system but pail removals are a necessary evil still in some areas.

SURFACE SANITATION AND STORMWATER DRAINAGE

In general these remain satisfactory throughout the bulk of the Municipal area except in certain areas where stormwater enters the sewers, and causes flooding in periods of exceptionally heavy rain.

PEST CONTROL

Staff remained fully occupied in controlling the rodent, mosquito and cockroach population of Cape Town.

ACKNOWLEDGEMENTS

I record with appreciation and thanks the loyal support and assistance so willingly and enthusiastically given to me by the members of my Staff.

I wish also to thank the Heads of other Council departments and their officials for their co-operation and assistance during the year.

To the Chairman and members of the Amenities and Health Committee and to all other Aldermen and City Councillors, I also offer my sincere thanks for their consideration and support at all times.

To the Municipal Service Commission, I am extremely grateful for their courtesy, helpfulness and understanding in regard to staff matters.

To Dr N Le Roux, Regional Director State Health Services, Western Cape, and his deputy Dr L Been, appreciation of their helpful co-operation and understanding in all matters where our mutual interests met.

To Professor L S Smith, Chief Government Pathologist, State Health Laboratories, an expression of genuine gratitude for his always excellent advice and assistance so freely given.

To Professor D Davey, Head of Department Obstetrics and Gynaecology, University Cape Town, sincere gratitude for his helpful co-operation and advice in all matters of common interest.

To Dr J Smith, Medical Superintendent Day Hospitals Organisation, gratitude and appreciation for helpfulness and co-operation in the many areas in which our respective functions co-relate.

To Professor S Saunders, Head of Department of Medicine, University of Cape Town, a special word of thanks for his friendly co-operation and the gratifying knowledge that the invaluable help of his Department can be called upon whenever the need arises.

To Dr Frank Mitchell, Medical Officer of Health, Divisional Council of the Cape and his staff with whom we have worked, as always, in close liaison, a sincere appreciation.

Last, but not least, to the Ladies and Gentlemen of the Press, and the South African Broadcasting Corporation, many thanks for their accurate, objective and informative reporting of matters relating to the health of the public which were of concern to the citizens of Cape Town throughout the year.

Yours faithfully

R J COOGAN
L.R.C.S., L.R.C.P.(IREL.), D.P.H., L.M., F.R.S.H.
MEDICAL OFFICER OF HEALTH

City Health Department
Libertas
Hertzog Boulevard
Foreshore
CAPE TOWN
8001

SECTION I – ADMINISTRATION, FINANCE AND STAFF

As a result of the changing health situation in South Africa, the consolidation of the original Public Health Act No. 36 of 1919 came under review by the State Department of Health with the publication of a new Health Bill on 14 July 1976. Comments were submitted and discussions followed between the Department of Health, the United Municipal Executive, provincial administrations and other bodies concerned with health. A revised Health Bill was introduced in Parliament during February which was followed by the promulgation of the Health Act (Act No. 63 of 1977) on 26 May 1977.

The basic and underlying principle of the Act is aimed at creating a blueprint for the three tiers of Government to render health services in South Africa and for regulating the relative functions between those authorities in the field of health. The new Act allows a greater flexibility in the powers, functions and duties of the different authorities; provision is also made for the co-ordination of services and the determining of health policy on a national basis so that the functions and duties of different authorities can be adapted to make the maximum use of available resources.

The Health Act provides for different dates to be fixed for the introduction of the various provisions of the Act. Certain of the provisions were introduced by the State President on 1977–09–01 and others on 1977–12–02. These provisions, together with draft Regulations under the Act, required careful study by senior staff to ascertain and plan changes in departmental administration for smooth implementation of the amended legislation.

Depressed economic conditions continued during the year and the national double digit rate of inflation persisted, though at moderately lower levels which became evident more towards the end of the year. It can only be a relatively small proportion of our economically active population who can recall times more difficult than those of the past two or three years which have been likened to the world depression of the 1930's.

Because of this it was necessary to continue the restrictive fiscal policies of the past year notwithstanding the City Health Department's commitment to change to comprehensive promotive and preventive health services. The re-organisation of the Municipal area into three Health Zones each headed by a Principal Medical Officer allowed greater flexibility in the control of staff and productivity evaluation.

Monthly policy meetings of senior staff were continued throughout the year to plan, co-ordinate and direct all aspects of the Department's health services towards maximum efficiency within the framework of available funds. Expenditure was rigidly controlled and monitored to ensure that the needs of the service were met without incurring cost increases.

The Departmental re-organisation proved most effective. The change to the concept of comprehensive preventive services was almost complete at the end of the year and notwithstanding the substantial added benefits which this produced, actual expenditure compared to the previous year increased by a mere 1,75%. Revenue from subsidies, fees and sundry income increased by some R49 000 while the contribution from rates rose by 1,8% (see Table 1.2).

Capital expenditure of R161 000 was incurred during the year on the provision of a modern community health centre to serve the community in the rapidly developing residential area of Mitchells Plain. Minor expenditure of R9 000 was incurred on motor vehicles and replacement of items of medical and office equipment.

As in the previous year the major area of economies lay in the maximum use of the Department's existing manpower resources. Overall staff establishment throughout the year remained more or less static while at the 1977–12–31, 216 posts were vacant as compared to 165 posts for the same period last year.

However, the growth of the health services over the last two years has already stretched the Department's existing staff to the limit. An application was made to the State Department of Health for authority to fill certain frozen posts and for the provision of additional nursing personnel to augment the existing establishment at the Community Health Centres.

STAFF ESTABLISHMENT AS AT 1977–12–31

MEDICAL

R J COOGAN	L.R.C.S. L.R.C.P. (Irel.) D.P.H. (N.U.I) L.M. F.R.S.H.	Medical Officer of Health
M A CHAIMOWITZ	M.B.Ch.B. D.P.H. (Cape Town)	Deputy Medical Officer of Health
M E E POPKISS	M.B.Ch.B. D.C.M. (Cape Town) D.O.M. (Stellenbosch)	Assistant Medical Officer of Health
N M DURCAN	B.A.(S.A.) M.B.B.Ch. D.P.H.(N.U.I) D.C.H. R.C.P. (Lond.) R.C.S. (Eng.) L.M. (Rotunda) L.A.H. (Dubl.)	Assistant Medical Officer of Health
T F NEWMAN	M.B.Ch.B. D.P.H. (Cape Town)	Principal Medical Officer
R A SPIRO	M.B.Ch.B. (Cape Town)	Principal Medical Officer
A E TIBBIT	M.B.Ch.B. D.P.H. (Cape Town)	Principal Medical Officer
L B BLUMENTHAL	M.B.Ch.B. (Cape Town)	Senior Medical Officer
S SANDERS	M.B.Ch.B. (Cape Town)	Senior Medical Officer
N WALKER	M.B.Ch.B. (Cape Town)	Senior Medical Officer
J L K MARAIS	M.B.Ch.B. (Cape Town)	Clinical Medical Officer
G R F MASEY	M.B.B.Ch. (Witwatersrand) D.O.M. (Stellenbosch)	Clinical Medical Officer
N A MURISON	M.B.Ch.B. (Cape Town)	Clinical Medical Officer
F R PRINSLOO	B.Sc. (U.O.F.S.) M.B.Ch.B. (Pretoria)	Clinical Medical Officer
J I RENNIE	M.B.Ch.B. (Cape Town)	Clinical Medical Officer
A J WILSON	M.B.Ch.B. (Cape Town)	Clinical Medical Officer
M ZABOW	M.B.Ch.B. (Cape Town)	Clinical Medical Officer
M N HOFFMAN	M.B.Ch.B. D.C.M. (Cape Town)	Registrar in Community Medicine
J D POWER	B.Sc. M.B.B.S. (Lond.) M.R.C.P. (U.K.) D.C.M. (Cape Town)	Registrar in Community Medicine

ADMINISTRATION

J H COOMER	AIMTA., (S.A.).	Administrative Officer
A B R LOVE		Assistant Administrative Officer
C E BAILEY	AIAC	Principal Administrative Assistant
SENIOR ADMINISTRATIVE ASSISTANTS		5
SENIOR CLERKS		8
CLERKS		16
PERSONAL ASSISTANT TO MEDICAL OFFICER OF HEALTH		1
SECRETARIAL ASSISTANT		1
PRINCIPAL WOMAN ASSISTANT		1
SENIOR WOMAN ASSISTANTS		6
WOMAN ASSISTANTS		9
SHORTHAND TYPIST		1
WORKS CLERICAL ASSISTANTS		1
OFFICE ATTENDANTS		2
CARETAKER/CLEANER		1
LABOURER		1

AIR POLLUTION CONTROL

B D OXLEY	ONC.,(Mech. Eng.), HNC.,(Elec. Eng.), AMI., SA Mech. E.	Air Pollution Control Officer
SMOKE CONTROL INSPECTORS		2

CITY HOSPITAL FOR INFECTIOUS DISEASES

T J MALHERBE	M.B.B.S.(Durh.) D.T.M. & H. (Liverpool) T.D.D. (University of Wales)	Medical Superintendent
S A FISHER	M.B.Ch.B. (Cape Town)	Deputy Medical Superintendent
P R DONALD	M.B.Ch.B. (Stellenbosch F.C.P.(S.A.)	Medical Officer

N BEYERS	M.B.Ch.B. (Stellenbosch)	Registrar
A GOTSMAN	M.B.Ch.B. (Cape Town)	Registrar
M O'SULLIVAN	Cert. S A Nursing Council (Gen., Midwife & Y.B.)	Matron
D M BARRY	Cert. S A Nursing Council (Gen. & Fever)	Assistant Matron
J M KRIEL	Cert. S A Nursing Council (Gen. & Fever)	Assistant Matron
D C UNGER	Chemist & Druggist Diploma	Principal Pharmicist

PHARMACISTS	2
SISTERS	44
STAFF NURSES	33
NURSING ASSISTANTS	103
CLINIC ASSISTANT	1
RADIOGRAPHER	1
OCCUPATIONAL THERAPIST	1
PHYSIOTHERAPIST	1
SENIOR STOREKEEPER	1
STOREKEEPER	1
WORKS STOREMAN	2
LADY WARDEN	2
KITCHEN SUPERVISOR	4
HOUSEKEEPER	1
TELEPHONE OPERATOR	3
AMBULANCE OPERATOR	1
AMBULANCE DRIVER	3
SENIOR HOSPITAL PORTER	1
HOSPITAL PORTERS	5
SENIOR WORKS FOREMAN	1
HANDYMAN	1
PAINTER	1
BRUSH HAND	3
BOILER ATTENDANT	2
CRAFTWORKER	1
SEAMSTRESS	4
HOSPITAL COOK	8
HOUSEMAIDS	36
LABOURERS	14
MALE ORDERLY	64
VAN DRIVER	1
SENIOR CLERK	1
CLERKS	2
SENIOR WOMAN ASSISTANTS	1
WOMAN ASSISTANT	1
ENGINEERING STAFF ARTISAN	1
CARPENTER	1

COMMUNITY HEALTH CARE

NURSING PERSONNEL

D HORNE	Certs. S A Nursing Council (Gen & Midwif)., RSH., Health Visitor	Chief Public Health Nurse
A P GEARY	Certs. S A Nursing Council (Gen & Midwif)., RSH., Health Visitor	Senior Public Health Nurse
M C KOTZE	Certs. S A Nursing Council (Gen & Midwif)., Nat. Diploma in Public Health Nursing	Senior Public Health Nurse
M VILJOEN	Certs. S A Nursing Council (Gen & Midwif)., RSH., Health Visitor & School Nurse	Senior Public Health Nurse
D ENGEL	Certs. S A Nursing Council (Gen & Midwif)., RSH., Health Visitor and School Nurse	Senior Public Health Nurse
U N NONGAUZA	Certs. S A Nursing Council (Gen & Midwif)., RSH., Health Visitor and School Nurse	Senior Public Health Nurse

PUBLIC HEALTH NURSES		70
CLINIC SISTERS		63
MALE NURSES		3
NURSING ASSISTANTS		26
LEARNER PUBLIC HEALTH NURSES		9
OTHER PERSONNEL		
B CROWHURST	B.A. (S.S.), Dip. Health Education (London) M.R.S.H.	Health Education Officer
M J WALKER	Diploma Soc. Sc.	Senior Social Worker
RADIOGRAPHER		4
CLINIC ASSISTANTS		14
MOTOR VEHICLE DRIVERS		8
CARETAKER/CLEANERS		8
DOMESTICS		32
LABOURERS		4
LAUNDRESSES		4
HEALTH EDUCATION LECTURERS		2
COOKING/HANDS		6

DENTAL SERVICES

J J VAN DER LEIJ	B.D.S. (N.Z.)	Principal Dental Officer
N E POPKISS	L.D.S. R.C.S. (Edin.)	Senior Dental Officer
R HOWGATE	L.D.S. R.C.S. (ENG.)	Assistant Dental Officer
S S PALTE	B.D.S. (RAND)	Assistant Dental Officer
SENIOR DENTAL NURSE		1
DENTAL NURSES		7
CLINIC ASSISTANTS		5
SOCIAL WORKER		1
SENIOR DENTAL MECHANIC		1
DENTAL MECHANICS		4
SENIOR CLERK		1
CLERKS		2
WOMAN ASSISTANT		1
CARETAKER/CLEANER		1
LAUNDRESS		4
LABOURER		1
DOMESTIC		1

FAMILY PLANNING

J T LOW	Certs. S A Nursing Council (Gen & Midwif)., Cytology	Senior Family Planning Nurse
J RUBIN	BA (Honours)	Family Planning Liaison Officer
FAMILY PLANNING NURSES		2
CLINIC SISTERS		3
NURSING ASSISTANT		1
ADVISER, FAMILY PLANNING EDUCATION		13

HEALTH INSPECTION

B J DANIELS	Certs. RSH., Meat & Other Foods	Chief Health Inspector
D E C FILBY	Certs. RSH., Meat & Other Foods	Senior Assistant Chief Health Inspector
J A MUNRO	Certs. RSH., Meat & Other Foods	Assistant Chief Health Inspector
A H BAIN	Certs. RSH., Meat & Other Foods	Divisional Health Inspector
K U BRAND	Certs. RSH., Meat & Other Foods	Divisional Health Inspector
R A OCKELFORD	Certs. RSH., Meat & Other Foods	Divisional Health Inspector
B F A SCHUMANN	Certs. RSH., Meat & Other Foods	Divisional Health Inspector
E H T VAN ZYL	Certs. RSH., Meat & Other Foods	Divisional Health Inspector

HEALTH INSPECTORS	44
LEARNER HEALTH INSPECTORS	8
CLERKS	2
WOMAN ASSISTANTS	2
WORKS CLERICAL ASSISTANTS	3
SENIOR STOREMAN	1
MOTOR VEHICLE DRIVER	1
CHALET ATTENDANTS	162
LABOURERS	1
WASHHOUSE CARETAKER	1

PEST CONTROL SECTION

PEST CONTROL OFFICER	4
PEST CONTROL OPERATIVES	26

MILK CONTROL

D DIXON	B.Sc. (RAND). B.V.Sc. (PRETORIA)	Senior Veterinary Officer
DAIRY INSPECTORS		3
LABORATORY ASSISTANT		1

NURSERY SCHOOLS AND CRECHES

J M EBDEN	Cert. Nur. Sch. Teachers	Supervisor of Nursery Schools
SENIOR NURSERY SCHOOL TEACHERS		8
NURSERY SCHOOL SUPERINTENDENTS		3
NURSERY SCHOOL TEACHERS		6
NURSERY ASSISTANTS		15
CRECHE SUPERINTENDENTS		8
CHILDRENS HELP		17
COOKING HANDS		11
LAUNDRESS		8
DOMESTICS		15
CARETAKER		1
LABOURERS		7

SECTION II – NATURAL & SOCIAL CONDITIONS

SOCIAL AND ECONOMIC CONDITIONS

Economic conditions remained depressed in 1977 although a slight upward trend was noticed towards the end of the year. Average unemployment figures remained high and this contributed to the decline in socio-economic conditions particularly among the Black and Coloured population groups.

Of the total population in the Municipal area of Cape Town (including the Black townships of Langa and Guguletu) some 30%/o amounting to 257 340 consists of Whites.

The largest population group consists of Coloureds who represent 57%/o of the total population. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, Blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Black and other stocks.

There is one section of the Coloureds, Moslem in religion, known as 'Malays' who are more immediately descended from the Dutch East Indies. Though they possess a larger infusion of this train, they are much mixed with other elements present in the Coloureds.

The social and economic conditions of the Coloureds are on the whole unsatisfactory and have been influenced by increased unemployment over the last three years. A section of Coloureds are skilled tradesmen who earn good wages but the majority are unskilled workers who earn on an average of less than R40,00 a week when in full employment. Because of the depressed economic climate, particularly in the building industry,take-home pay was even less this year because of the almost complete absence of overtime. The position is aggravated by the large size of their families.

There is no compulsory insurance against sickness, and there is malnutrition often due to poor eating habits ; housing accommodation apart from municipal schemes is relatively expensive and poor. The social and cultural level is low but is showing signs of steady improvement. The illegitimacy rate is high and venereal disease is rife. The social contrast between Whites and Coloureds can be expressed by the statement that whereas in the Whites it is only a small minority that belong to the depressed classes, in the Coloureds it is the majority. The same contrast is seen in housing conditions; it is a small minority of Whites who live in overcrowded conditions, but a majority of the Coloureds.

The Black or Bantu group constitute only 12%/o of the Cape Town population. They live in the Bantu Affairs Administration Board townships of Langa and Guguletu, or if in domestic service, in their employers' homes. Many of the Blacks are males from the Bantu homelands who still retain their link with the territories and usually return there eventually; but there is an increasing population of urbanised Blacks who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Asians total 11 350 in number. They are nearly all traders, and are better off than the Coloureds. Some of them are making good progress in business and are well-to-do.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

MUNICIPAL WARDS

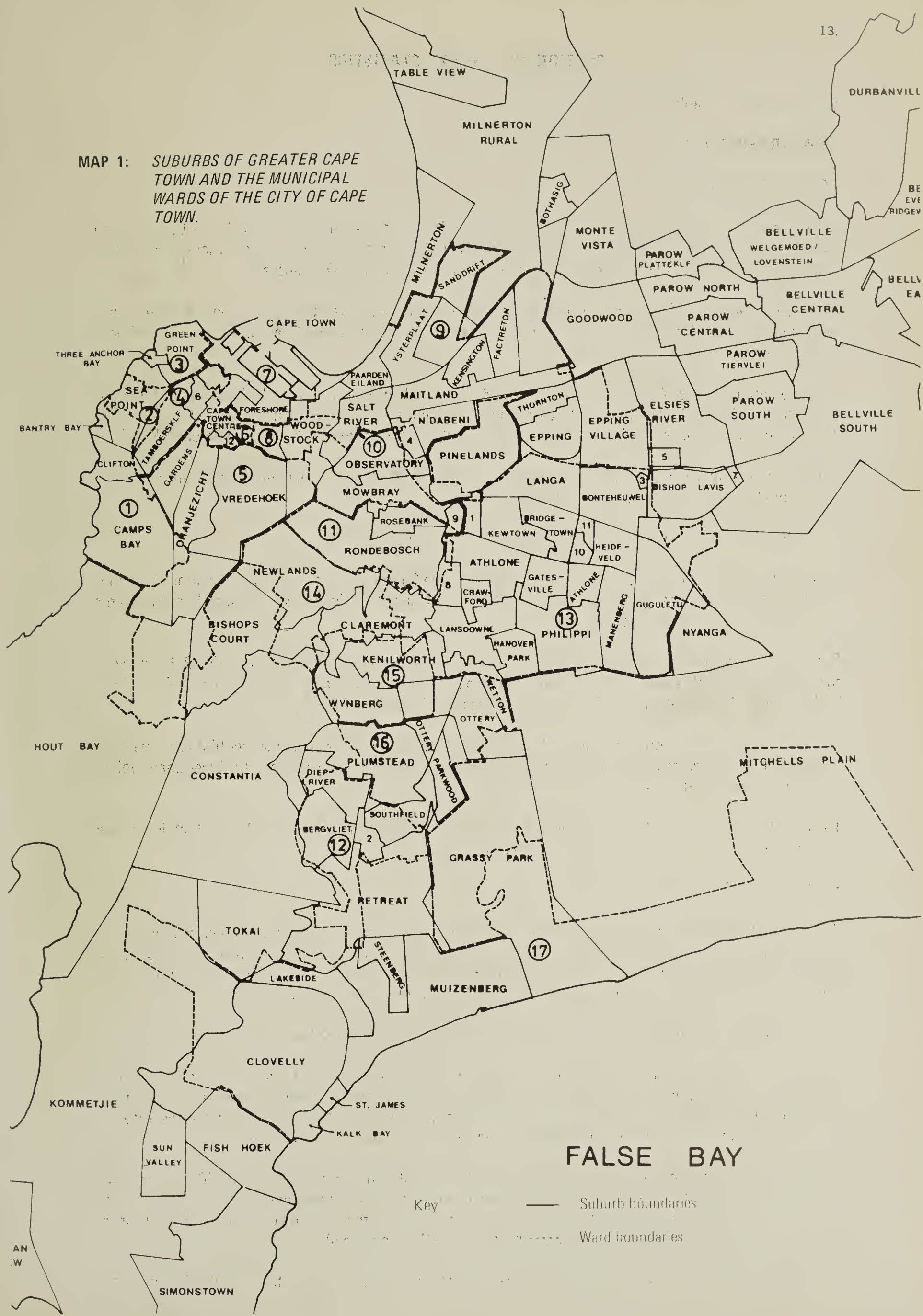
The City is divided into 17 wards, varying in area from the smallest (Ward 2—Sea Point) to the largest (Ward 17).

The following is a guide to the more important areas which may be identified on Map 1.

Ward	1	Camps Bay
Ward	2	Sea Point
Ward	3	Three Anchor Bay, Green Point and Mouille Point
Ward	4	Tamboerskloof
Ward	5	Oranjezicht and Vredehoek

Ward	6	Central Area
Ward	7	Harbour Area
Ward	8	Lower Woodstock and part of Salt River
Ward	9	Maitland, Brooklyn, Kensington and Thornton
Ward	10	Observatory and Mowbray
Ward	11	Rondebosch
Ward	12	Bergvliet and Meadowridge
Ward	13	Athlone, Langa, Guguletu, Crawford and Lansdowne
Ward	14	Newlands and part of Claremont
Ward	15	Kenilworth and Wynberg
Ward	16	Plumstead, Southfield, Heathfield and part of Ottery
Ward	17	Heathfield to Clovelly

MAP 1: *SUBURBS OF GREATER CAPE TOWN AND THE MUNICIPAL WARDS OF THE CITY OF CAPE TOWN.*



SECTION III – VITAL STATISTICS

(Summary data in Tables I.1 and III,11).

DEMOGRAPHIC DATA

TOTAL POPULATION;

Calculation. The Population estimates for 1977 used in this report are calculated as on 1977–06–30, using annual growth rates of 1,486%o for Whites, 3,734%o for Coloureds and 2,727%o for Asians. (These rates being calculated from the growth in population between the 1960 and 1970 Censuses).

Langa and Guguletu : Population figures are only crude estimates. The 1970 Census figures were clearly inaccurate and the Bantu Affairs Administration Board is only able to supply accurate figures for Blacks legally resident in these areas.

The Population for 1977 (Table I.1) totalled 866 990 which was an increase of 76,4%o over the 1958 population (Table III.1). Of this twenty year growth in population 1,1%o was due to the increase in Asian, 10,4%o to that in Black, 17,4%o to that in White and 71,1%o to that in Coloured numbers (Fig. 3.1).

The percentage change within each race group from 1958 to 1977 was an increase of, for Whites 33,9%o; Asians 59,4%o; Blacks 60,9%o and Coloureds 117,0%o.

Table III.2 relates changes in population to other vital statistics since 1951.

Langa and Guguletu : Blacks account for nearly 12%o of the Cape Town City Council population for whom this Department provides Health Services (6 1/2%o being Guguletu residents, 3,7%o being Langa residents and the remainder residing in the City proper).

Population figures by race and sex for 1976 and 1977 are contained in Table III.3 and Fig. 3.2 and reveal the interesting fact that male : female ratios differ markedly between the race groups, being 100 : 110 for Whites; 100 : 113 for Coloureds; 100 : 92 for Asians and 100 : 54 for Blacks.

The White and Coloured preponderance of females is probably due to the greater susceptibility of males to the major killing diseases of our times; the preponderance of Black males is ascribed to Government policy on Black migration but the Asian figures are an enigma.

Langa and Guguletu : The Male : Female ratio for Blacks has been calculated to be 1,8:1 which imbalance is largely due to the ratio of 6,27 Males : 1 Female in Langa.

POPULATION PYRAMIDS;

Age – Sex Population Pyramids for the different race groups have not as yet been compiled specifically for the Municipal area. For the whole of the 01 economic region, (which includes Cape Town, Bellville, Wynberg, Simonstown Magisterial districts) the picture presented in Figure 3.3 has been compiled from data provided by the Director, Technical Management Services, City Engineer's Department.

On this figure females account for 51%o of the White and 53,2%o of the Coloured population.

Preliminary analysis of various well-defined sub-communities in Cape Town indicates that there is a tremendous variety of population pyramidal shapes in different parts of Cape Town, even amongst members of the same race group. Examples are shown for various Health districts, and as an estimate for the City, in Figure 3.4 (age pyramids, without sex differentiation, as reflected by the 1970 census).

Whites. The 1970 hemi-pyramid had an almost upright rectangular form with bulges at the 20–24 years and 65 years plus age group. The younger adult bulge is in part due to the concentration of pupils and students in the Claremont Health District but is also obviously due to the attractions the Central and Atlantic areas have for young adults (unlike the Maitland, Lansdowne and Wynberg areas).

The greatest proportion of older persons (65 years or more) in a Health district is found in the Atlantic area,

Figure 3.1 *POPULATION GROWTH OF THE CITY OF CAPE TOWN : 1958 – 1977*

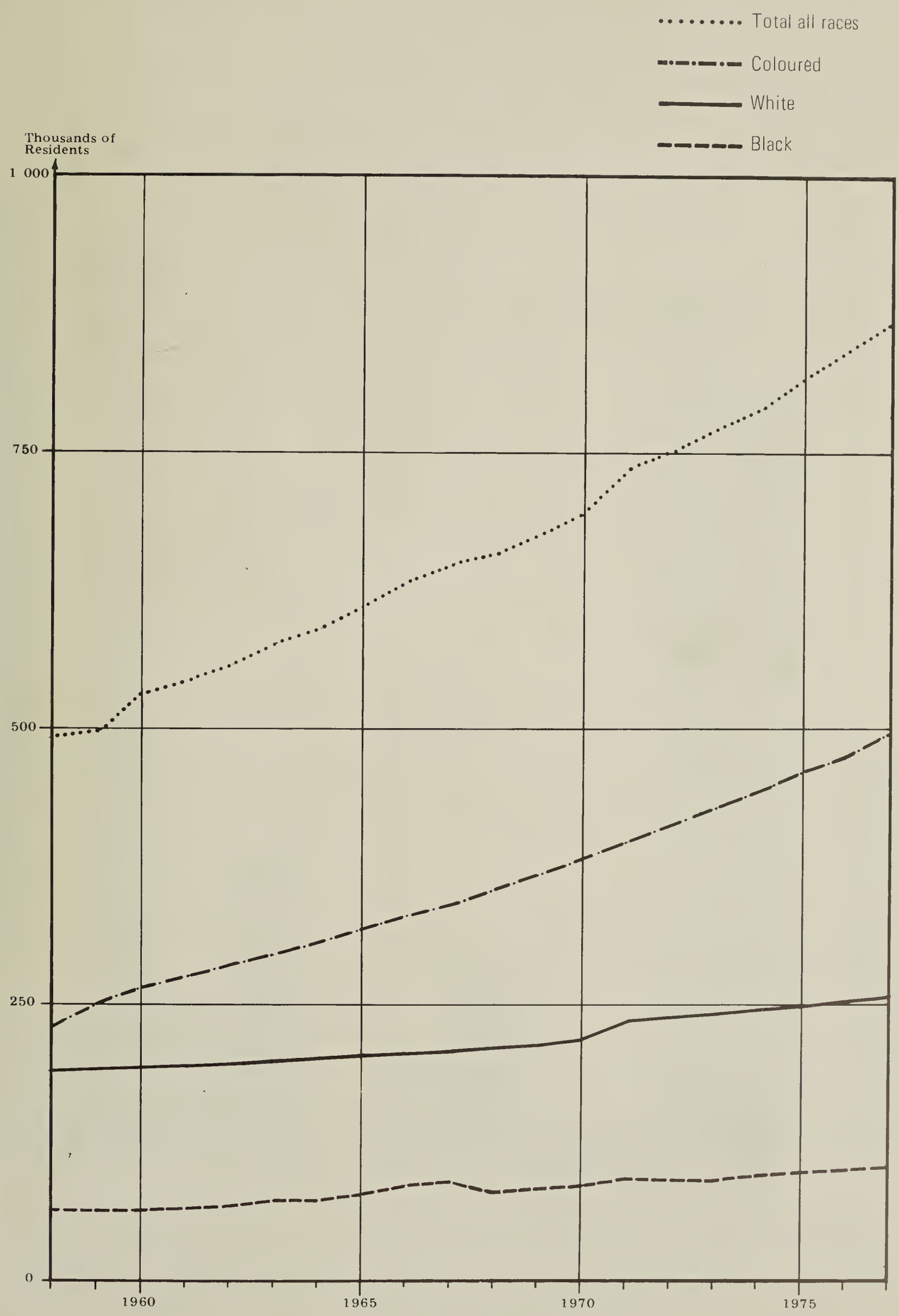
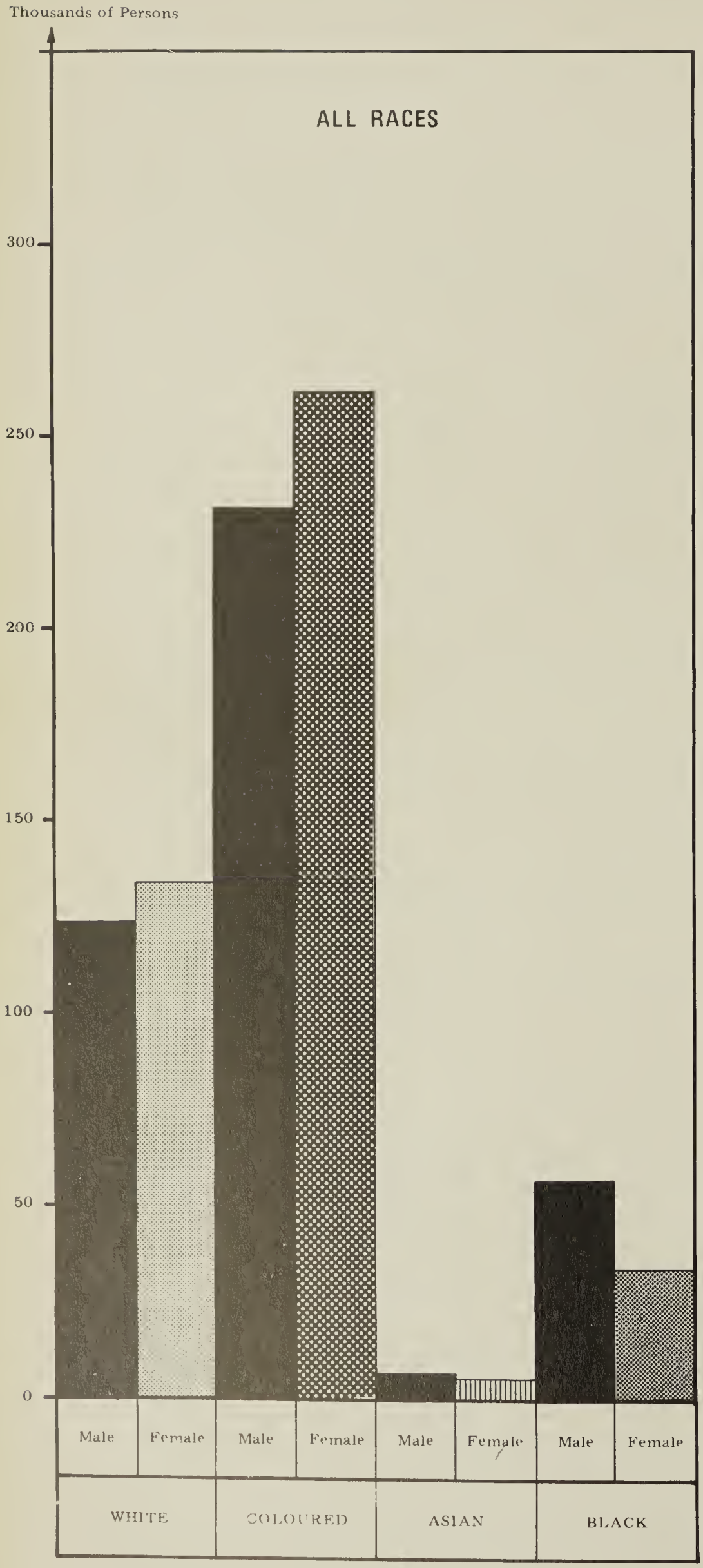


Figure 3.2 *POPULATION OF THE CITY OF CAPE TOWN BY RACE AND SEX : 1977*
1977



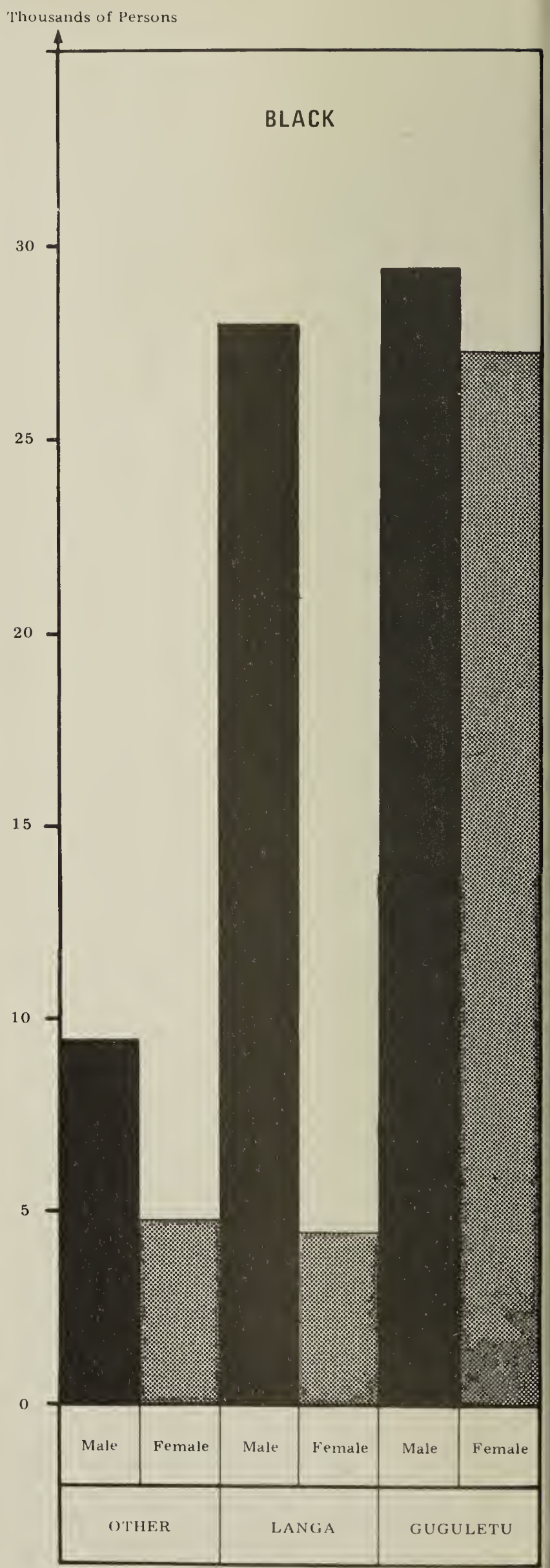
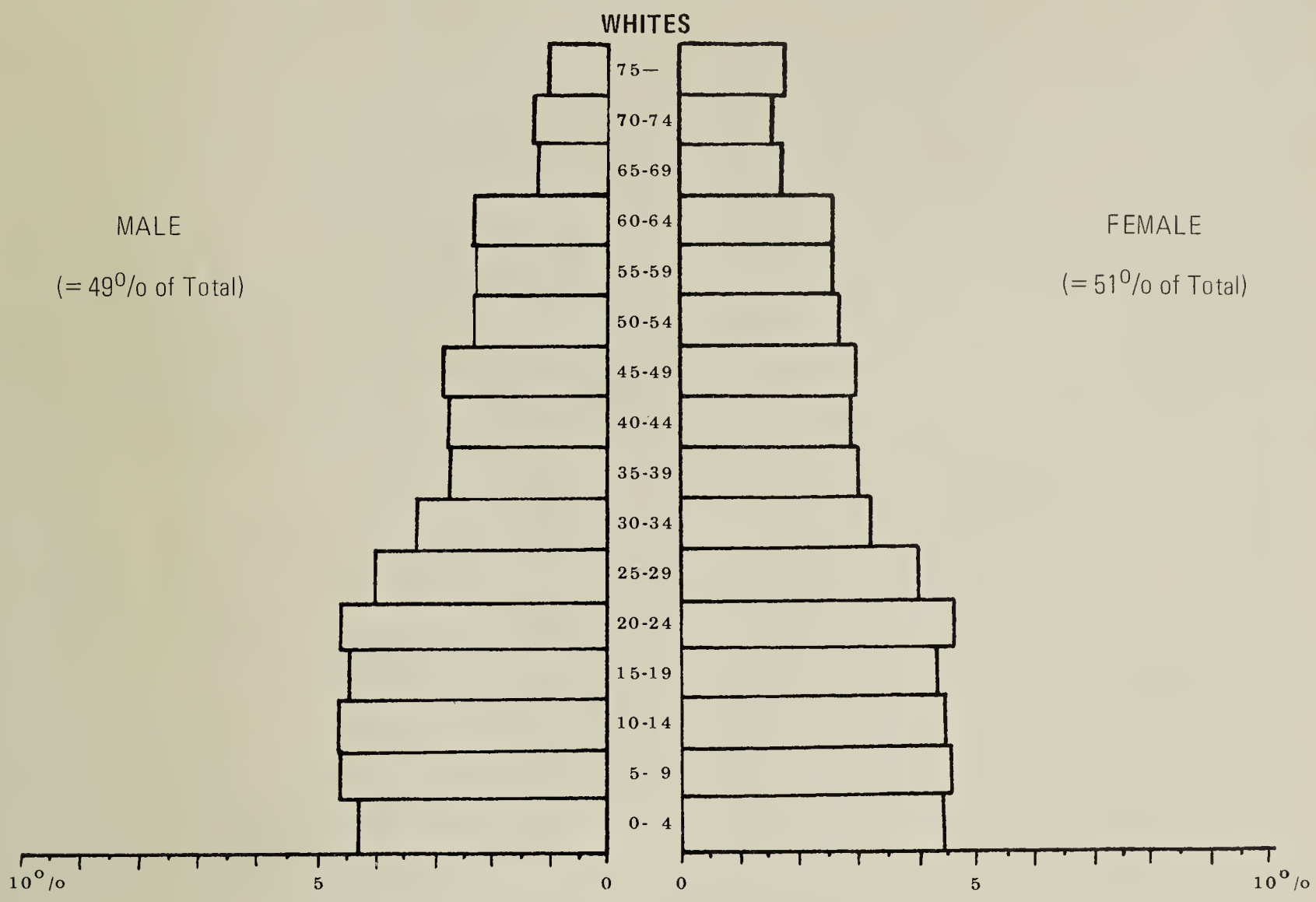
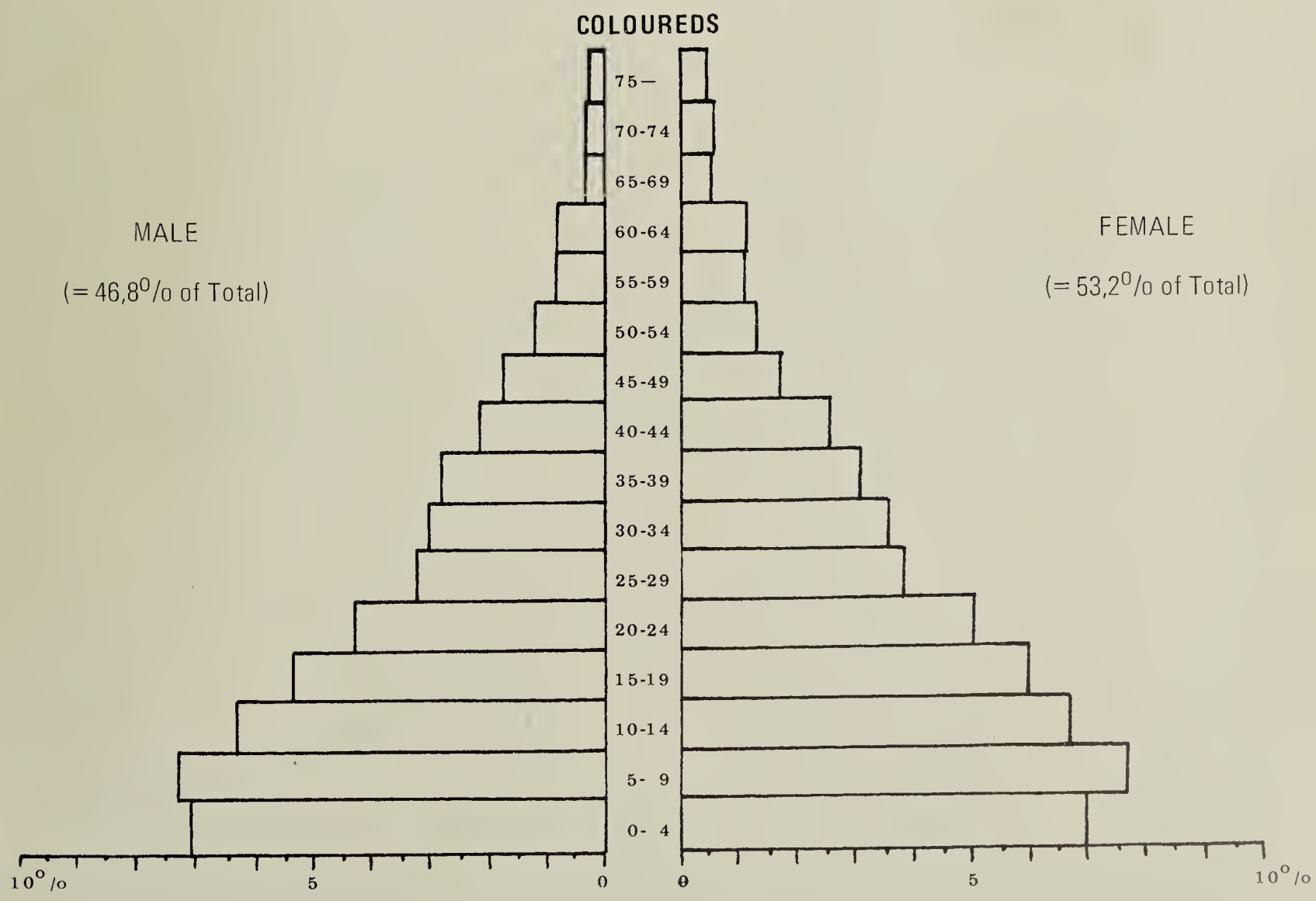


Figure: 3.3 *POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE-GROUP INTERVALS FOR WHITES AND COLOUREDS IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, SIMONSTOWN AND BELLVILLE).* *





* Source: Technical Management Services of the City Engineers Department, City of Cape Town. Data from 1970 Census.

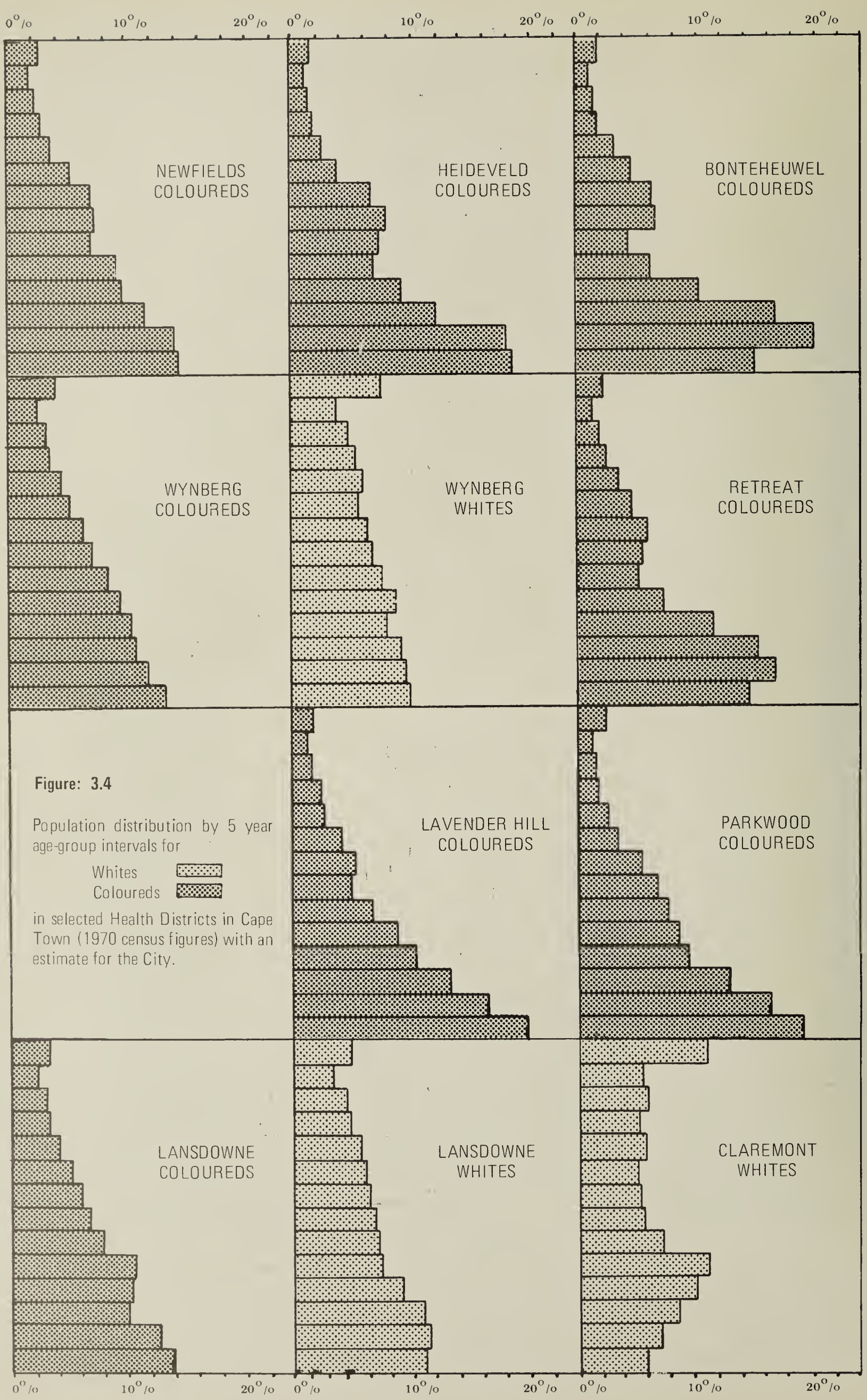
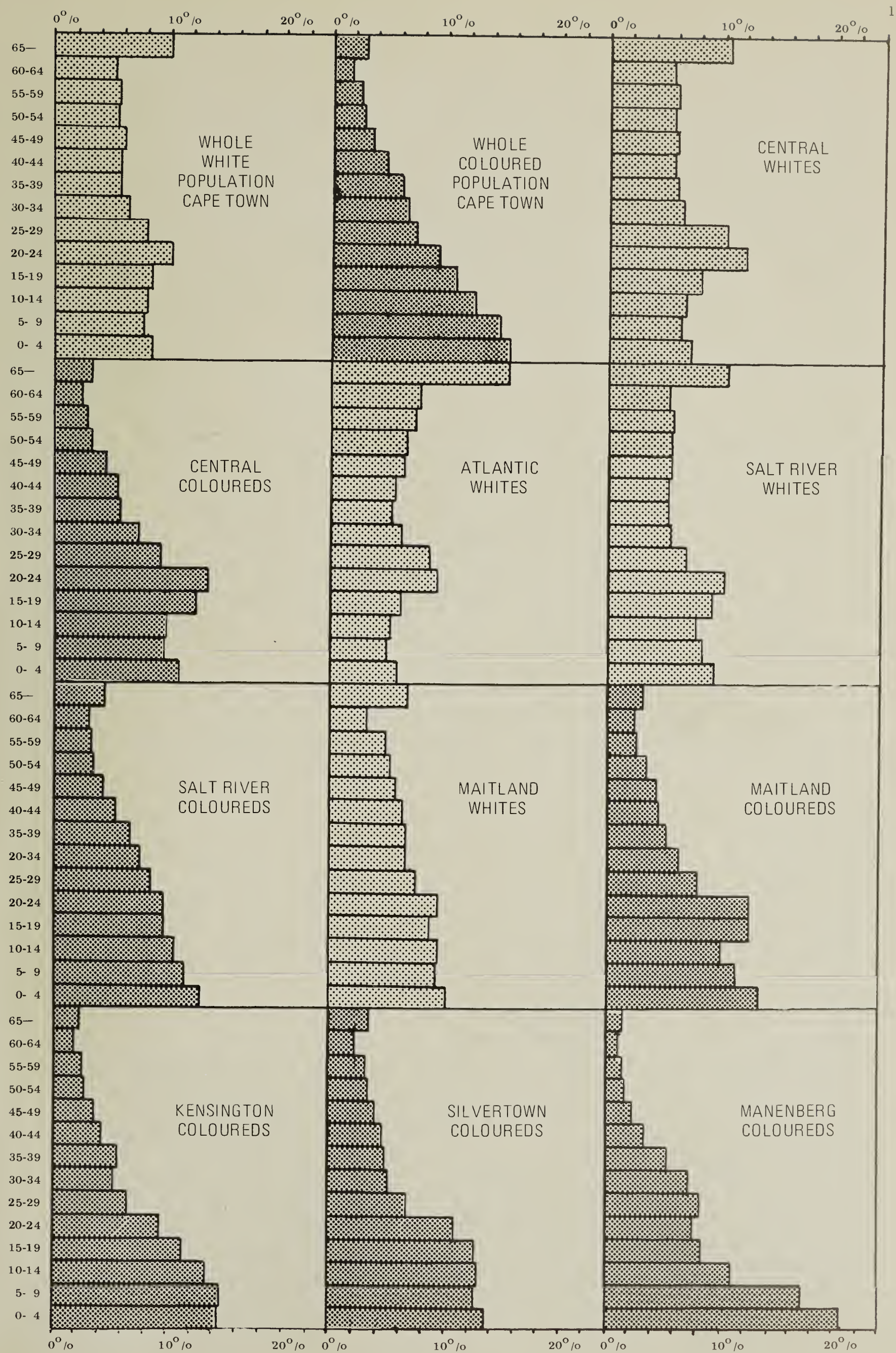


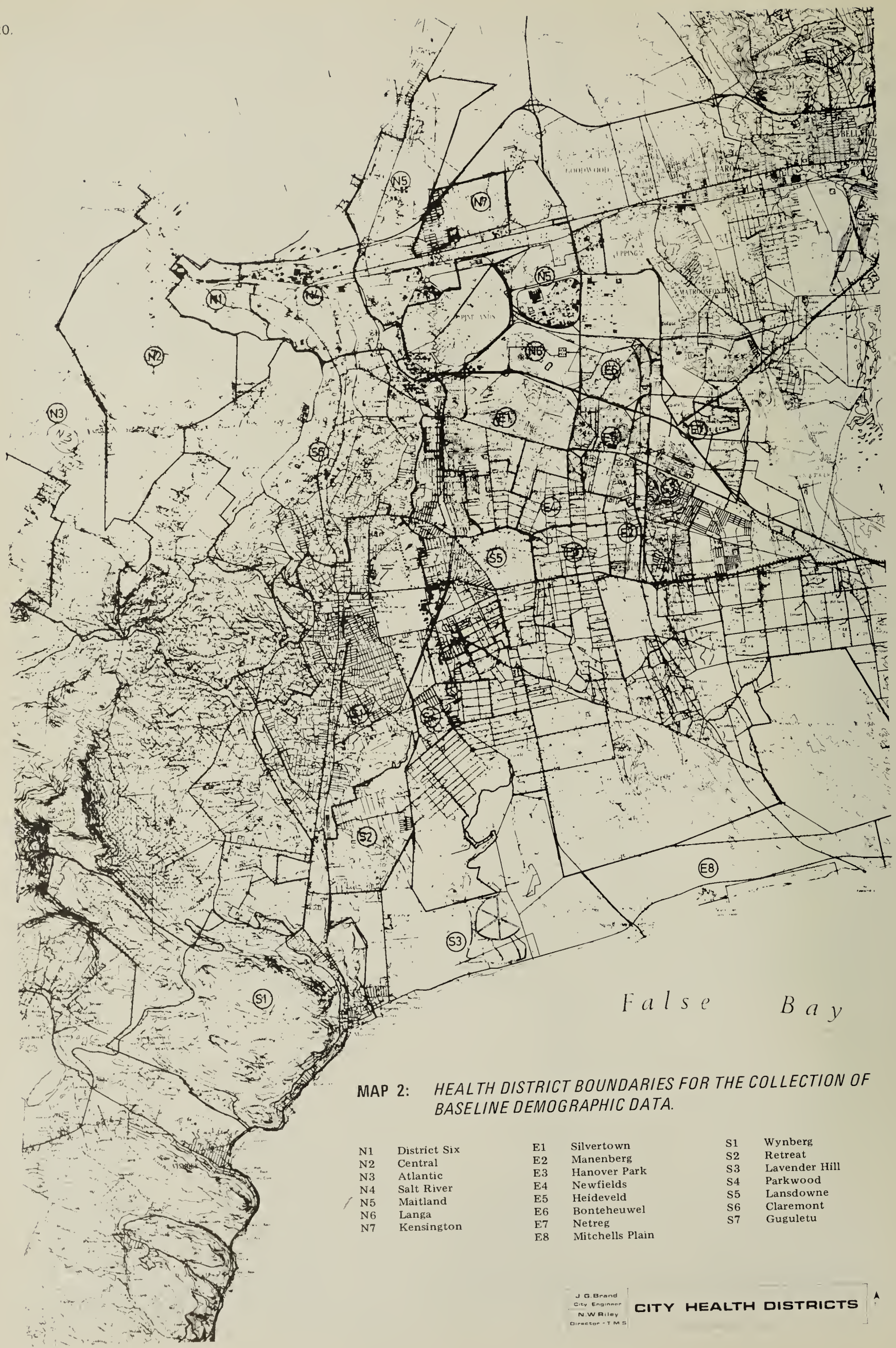
Figure: 3.4

Population distribution by 5 year age-group intervals for

Whites
Coloureds

in selected Health Districts in Cape Town (1970 census figures) with an estimate for the City.


WHOLE WHITE POPULATION CAPE TOWN
WHOLE COLOURED POPULATION CAPE TOWN
CENTRAL WHITES
CENTRAL COLOUREDS
ATLANTIC WHITES
SALT RIVER WHITES
SALT RIVER COLOUREDS
MAITLAND WHITES
MAITLAND COLOUREDS
KENSINGTON COLOUREDS
SILVERTOWN COLOUREDS
MANENBERG COLOUREDS
65—
60-64
55-59
50-54
45-49
40-44
35-39
30-34
25-29
20-24
15-19
10-14
5- 9
0- 4
0°/o
10°/o
20°/o



MAP 2: *HEALTH DISTRICT BOUNDARIES FOR THE COLLECTION OF BASELINE DEMOGRAPHIC DATA.*

N1	District Six	E1	Silvertown	S1	Wynberg
N2	Central	E2	Manenberg	S2	Retreat
N3	Atlantic	E3	Hanover Park	S3	Lavender Hill
N4	Salt River	E4	Newfields	S4	Parkwood
N5	Maitland	E5	Heideveld	S5	Lansdowne
N6	Langa	E6	Bonteheuwel	S6	Claremont
N7	Kensington	E7	Netreg	S7	Guguletu
		E8	Mitchells Plain		

followed by Claremont, Central and Salt River areas.

Coloureds. The 1970 hemi-pyramid had a hemi-triangular, staircase shape. Those areas with the newest Housing estates showed the broadest based pyramids (Manenberg, Lavender Hill, Parkwood and Heideveld). Somewhat better established areas showed a contraction in the 0 – 4 year age group (Silvertown, Kensington, Newfields, Retreat) while Bonteheuwel showed this and a lack of 15 to 34 year olds. In the multiracial districts of Wynberg, Lansdowne and Maitland the Coloured and White hemi-pyramids showed a remarkable degree of similarity although this was less so with the Central and Salt River districts.

Langa and Guguletu : Age – Sex specific population pyramids cannot be compiled for Blacks owing to the lack of data.

REORGANISATION OF DATA COLLECTION

In tandem with the establishment of a Comprehensive Health Service (see page 44) the basis for a new system of data collection has been blueprinted.

In essence this involves the geographic division of the Municipal area into Health Districts (HD).

In defining the boundaries of the HD certain objectives were set, namely to allow for the establishment of a data base with reasonable ease, to ensure that this data base could be relied upon to yield accurate and significant data, to take into account the technical resources (chiefly clinic buildings) extant, to take due cognisance of the preferences of the population domiciled therein for particular points of health care delivery, to base HD on community Health Centres easily accesible to all the inhabitants, to allow for maximum utilisation of all groups of staff and to offer them maximum opportunity and to take natural and man-made boundaries into account (ultimately basing boundaries on those of census enumerator sub-districts of the 1970 census).

Some 22 Health Districts have been delineated (see Mape 2) and some preliminary demographic data in relation to some of them is presented in Figure 3.4 and is tabulated in Table III.4.

It is intended to proceed with revision of all data collection so that pertinent data pertaining to their health status can be related to defined communities; so that the work of the health services can be evaluated and so that the effect of innovative measures can be accurately assessed.

BIRTHS

Notification of Births

Warning has been received that the Government Regulation re the Early Notification of Births made under Section 133(1) of the Public Health Act, Act 36 of 1919 is destined to be withdrawn. The Secretary for Health has been informed that the early notification of births is considered to be vitally important for the proper provision of promotive and preventive infant welfare services and for the collection of data essential to the preparation of meaningful Birth, Still Birth, Perinatal, Neonatal, Post-neonatal and Infant Mortality rates.

Recording of Registered Births registered in terms of the Births, Marriages and Deaths Act, Act 81 of 1963 was discontinued some years ago by this Department because of their patent inadequacy. It is reiterated that all information relating to Notified Births is available to the Registrar of Births and Deaths and that there can be no misapprehension about the misgiving with which this announcement has been met.

Notified Live Births and Birth Rates

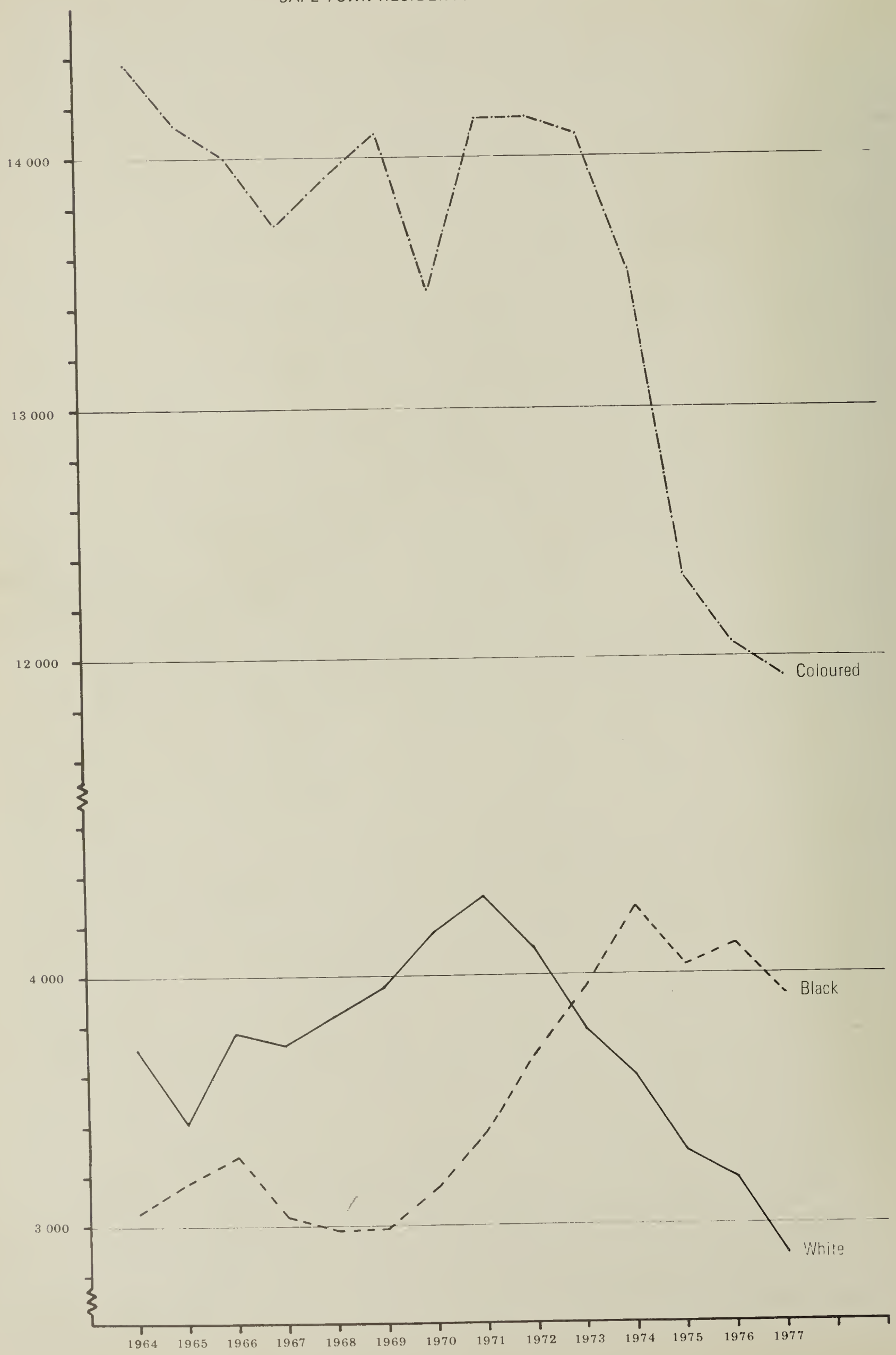
There were 311 fewer (–9,8%) White, 150 fewer (–1,24%) Coloured, 200 fewer (–4,9%) Black and 47 fewer (–17,8%) Asian live births to mothers resident in Cape Town during 1977 than in 1976.

The trend in terms of actual numbers of such births is shown in Figure 3.5 which covers the years 1964 – 1977 (but which for clarity excludes Asian live births; these account for only 1,1% of all live births).

Table III.5 details live births by race and sex for 1976 and 1977 and indicates that the Birth rates for each

Figure: 3.5

THE NUMBER OF WHITE, COLOURED AND BLACK LIVE BIRTHS TO CAPE TOWN RESIDENTS NOTIFIED ANNUALLY FROM 1964 – 1977



race group in those two years decreased but slightly.

N B : birth rate (BR) = $\frac{\text{Number of live births during the year}}{\text{Midyear Population}} \times 1\,000$

Trends in numbers of live births and birth rates by race 1973 – 1977 are contained in Table III.6 which shows a steady drop in both parameters for the White Group which must lead inevitably, and fairly soon, to zero population growth. While there is a steady fall in numbers and birth rates for the Coloured group, this is a gentle fall. The Black and Asian birth rates do not show a clear five year trend in either direction.

Langa and Guguletu : There were 3 915 Notified Black births in Cape Town during 1977, the lowest number since 1972.

Live Births are related to population for the different Cape Town Communities in Table III.7 which shows that in 1977 the Black birthrate in Langa was 49,8/1 000 population, that in Guguletu was 37,7 and that for other Blacks was 12,6.

These figures cannot be directly compared with each other or with the other race group birth rates because of the gender imbalance in Langa. Hence the final column of Table III.7 shows what has been called a "Guessed Birth Rate (GBR)." This has been calculated by relating the number of births for every one thousand of a mythical population figure obtained by doubling the female population and ignoring the excess males (who cannot give birth and so distort the conventional birth rate).

It will be seen that the "Guessed Birth Rate" for Langa is 181/1 000 – an exceptionally high figure compared with the 10,7 of Whites.

As a greater proportion of Black females are children than is the case for Whites it is apparent that Black fertility is even higher than this "Guessed Birth Rate" would indicate.

Table III.8 shows an attempt to determine the fertility rates for the various groups i.e. the number of Notified Live Births / 1 000 women in the child-bearing age group during 1977.

The Langa fertility rate at 770 implies that over $^3/_4$ of the women resident there who could have had a baby in 1977 did so. The Guguletu figure of 166,8 was much better but still twice as high as Coloured Fertility and four times that of Whites.

The exceptional Langa Fertility rate is no doubt influenced by:

(1) Concealment of the presence of large numbers of women in the child-bearing age group.

(2) Prostitution and promiscuity.

(3) The migration to Cape Town of pregnant rural wives near their time of delivery.

Still Births (SB) and Still Birth Rates (SBR)

The Still Birth Rate (SBR) (see Table III.9) can be calculated with some certainty as it is not dependent on population data.

It is an indicator of the quality of ante-natal care and of general health conditions.

There was a slight decrease in the SBR for Whites (from 8,1 to 5,5) and Coloureds (from 16,5 to 15,0); a slight increase for Blacks (from 21,6 to 24,7) and Asians (from 7,5 to 9,1) in 1977 compared with 1976 – See Table III.9.

In addition to the 298 SB to municipal residents there were 87 such births to non-resident mothers notified to this Department in 1977 (compared to 322 and 67 in 1976).

N B : SBR = $\frac{\text{Number of Still Births in the year}}{\text{Total live and still births in that year}} \times 1\,000$

The association of illegitimacy and SB is discussed below and can be gauged from Table III.17.

Langa and Guguletu : The Still Birth Rates for Langa and Guguletu were very similar in 1977 and were some five times worse than that for Whites (Table III.10).

Multiple Births

There were 221 pairs of twins and two sets of triplets (Coloured 1 set of males and one of females) notified in 1977 (continuing an established trend). The twins are classified according to race and as to whether of the same or mixed sexes in Table III.11.

Place of Occurrence of Births/Birth attendants

The trend for deliveries to take place in institutions continued in 1977 when 77^{0}/o of live and still births to municipla residents were so classified (see Table III.12). Of all live or still births notified irrespective of the residential status of the mother, 81,0^{0}/o of deliveries took place in institutions (see Table III.13).

Legitimacy

The percentage of Live Births that were illegitimate was slightly lower for all races in 1977 than in the previous year (see Table III.14).

The high percentage (75^{0}/o) of births to teenage mothers that were illegitimate continues the established pattern in this regard and these births are classified by age and race of the mother in Table III.15.

The trend towards an ever higher percentage of illegitimate births over the past quarter century is shown in Table III.16 with the 1977 figure being 38,9^{0}/o of total live births.

To place local illegitimacy in perspective it is interesting to compare the percentages of White and Black Live births that were illegitimate in Cape Town in 1977 (9,8^{0}/o and 61,0^{0}/o respectively) with figures for Whites and Blacks in Washington, United States of America in 1975 (12,9^{0}/o and 57^{0}/o respectively) +

+ US National Centre for Health, reported in the Cape Times 1976–11–12.

DEATHS

"Uncorrected Deaths" – deaths registered during the year as having occurred in the Municipality of Cape Town, **including** inward transfers of deaths of municipal residents which took place outside the municipal area.

"Corrected Deaths" – deaths as above but minus the outward transfer of non-resident deaths which took place in the municipality of Cape Town.

"Crude death Rate" = $\frac{\text{Number of deaths during the year}}{\text{Mid-year Population}}$ x 1 000

"Infant mortality Rate" (I.M.R.) = $\frac{\text{Number of deaths of infants aged less than 1 year in the year}}{\text{Total live births in that year}}$ x 1 000

"Perinatal mortality Rate" (P.M.R.) = $\frac{\text{Number of still births and deaths of infants aged less than one week during the year}}{\text{Total live and still births during that year}}$ x 1 000

"Early Neonatal Mortality Rate" = $\frac{\text{Number of deaths of neonates aged under 7 days during the year}}{\text{Total live births in that year}}$ x 1 000

"Late Neonatal Mortality Rate" = $\frac{\text{Number of deaths of neonates aged 7 – 28 days during the year}}{\text{Total live births in that year}}$ x 1 000

"Neonatal Mortality Rate" = $\frac{\text{Number of deaths aged 0 – 28 days during the year}}{\text{Total live births in that year}}$ x 1 000

"Post-neonatal Mortality Rate" (P.N.M.R.) = $\frac{\text{Number of deaths of infants aged over 28 days but less than one year during the year}}{\text{Total live births in that year}}$ x 1 000

Deaths registered in 1977 may have taken place in 1976, and some deaths taking place in 1977 were not registered in that year so are not included in the total.

Information pertaining to Deaths is extracted from the records of, and by courtesy of, the Minister of the Interior.

The validity of the data as to cause of death can be questioned on a number of grounds e.g. –

(a) most cases are not subjected to post-mortem and the diagnosis made is thus a clinical one;

(b) even where the medical practitioner is confident of the clinical diagnosis the certificate may be difficult to read or interpret, it may give unclassifiable causes of death or it may give more than one cause of death with no indication of which one the doctor considered the actual cause of death;

(c) even where the actual cause of death is known and stated it is often arguable whether or not an underlying or precipitating cause of that condition should be regarded as the cause of death;

(d) the data collated and analysed here is not original but consists of transcripts made by clerical staff of this Department;

(e) the grouping of certain International Classification of Diseases Code numbers in classifying causes of Deaths follows a traditional and arbitrary pattern – it is intended to review this in future reports;

(f) it should be noted that mortality figures for the City of Cape Town cannot always include all deaths of Municipal residents which occur outside the Municipal area.

Unless production of these annual reports was delayed by at least six months it is not expected that all data relating to deaths occurring in a particular year will have filtered through to this Department, hence it is not possible to classify deaths by the month in which they occurred but only by the month in which the registration became known to this Department (it is hoped that retrospective analysis of the actual time of death of several thousand persons may be possible and should provide the first reliable indication of seasonal trends published for Cape Town).

The data relating to occupation at time of death is of limited value as the nature of work is not specified on the certificate and in the case of Blacks **no** occupational data is available.

Age – sex – cause – specific data is not presented owing to the lack of current demographic data, once again it is a future goal of this Department to refine crude data to such levels.

GENERAL MORTALITY

Number of Deaths and Crude Death Rate

There was a general decrease in the crude death rate for each race group compared with the previous year (see Table III.18) but no clear trend emerges over the past five years (see Table III.19).

There were no particular causes identified with the decrease in Whites but in Coloureds there were pronounced increases in the number of deaths from 'other' diseases and pneumonia.

The large number (129) of deaths in the Black/Coloured/Asian combined group aged less than one year or in the middle-age group which were classified as ill-defined or unknown, is unsatisfactory.

On the face of it, it would appear as if the death rates for Blacks are not all that different from Whites.

However, crude death rates are **not** reliable health indicators as they do not reflect the age structure of a population.

Older persons are naturally expected to die, children not. Yet the Black population consists largely of children and economically active adults whereas the White group has far fewer children and many more retired persons. (See Standardised Death rates page 32).

The large number of deaths in very young Blacks is discussed in the following section.

Langa and Guguletu : Crude Death Rates are given in Table III.18.

Deaths by age at death

The age at death is Tabulated in Table III.20 but age specific death rates cannot be calculated without the denominator (population in each age group), which is not yet available.

The percentage of all deaths occurring at age 55 years or more is a health indicator because it rises as more babies survive to such ages. Figure 3.6 details the percentage of all deaths occurring at age 55 years or more for the different race groups over the past ten years and in general there is a satisfactory rising trend in this regard.

However the percentage of Blacks dying at or over 55 years remains lower than for Coloureds which in turn is lower than that for Whites.

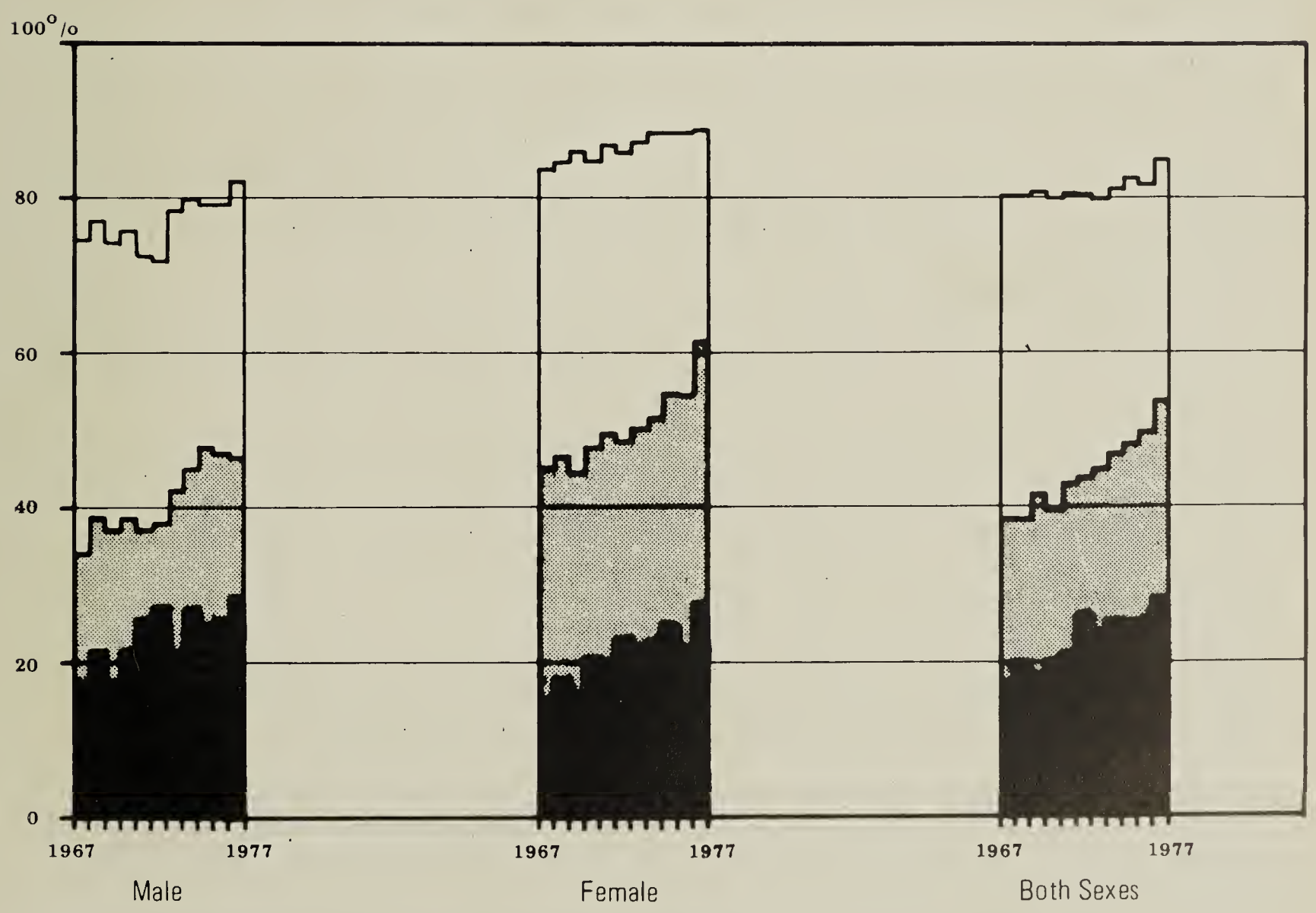
There was little change in 1977 compared with 1976 except that the percentage of Coloured females dying at age 55 years or more rose above 60% for the first time.

Mortality in the very young is discussed in greater detail on page 33 .

Deaths by occupation just before the event

Data in this regard is presented in Table III.21 but is of little value because the precise nature of the work

Figure: 3.6 *PERCENTAGE OF ALL DEATHS OCCURRING IN PERSONS AGED 55 YEARS OR MORE : 1967 to 1977*



done by the deceased is unknown, because data is often incomplete and probably inaccurate and because no information is available on the occupations of deceased Blacks.

In the table mentioned above, Black deaths have been arbitrarily classified as "Labourer" if the deceased was male and aged 15 – 64 years, or "Housewife" if female and aged 15 – 59 years; and as "Pensioner" if older.

This classification is however being retained in the Report in order that it may be refined and built upon in the future.

Deaths by season

Table III.22 and III.28 reflect the months in which this Department became aware of the deaths shown. No inferences whatsoever can be drawn as to seasonal fluctuations as the time of death is not shown on this table (but merely receipt of the information). Again, it is intended to refine this information in the future.

Principal Causes of Death

Causes of death have been coded according to the 8th Edition of the International Classification of Diseases.

The principal 'causes' of mortality (groups of causes) in Whites and in the combined Black – Coloured – Asian group are detailed in Table III.23 and are illustrated in Figures 3.7, 3.8 and 3.9.

(**N.B.** The Table does not include "ill defined causes", which reached sixth in magnitude for both the White group and for the Black – Coloured – Asian combined group).

Kwashiorkor is no longer notifiable so that precise estimations of the incidence or prevalence of this condition cannot be made. There were, in 1974; 1975; 1976 and 1977 respectively; 17 (10 Black and 7 Coloured); 10 (8 Black and 2 Coloured); 10 (9 Black and 1 Coloured) and 16 (8 Black and 1 Coloured) deaths due to Kwashiorkor.

Deaths from 'cancer' (malignant neoplasms, including those of lymphatic and haemopoeitic tissue, according to the 8th Edition I C D) totalled 1 003 (432 Whites, 429 Coloureds, 6 Asian and 136 Black) in 1977. These are detailed for Whites and all other races combined in Table III.24.

Neoplasms of the lungs and trachea are detailed in Tables III.25 and III.26. Compared with the figures of thirty years ago it is noteworthy that death rates due to pulmonary neoplasms per 100 000 of the population have increased three-fold for White males; eight-fold for White females; nine-fold for Coloured/Black/Asian males; and by four-fold for Coloured/Black and Asian females. A considerable percentage of these increases however can probably be ascribed to improved diagnostic methods.

Over the past five years an average of 15^{0}/o of pulmonary cancer deaths in Whites occurred in persons aged less than 55 years and 85^{0}/o in persons aged 55 years or more. The comparable figures for the combined Coloured/Black/Asian group were 38^{0}/o under 55 years and 62^{0}/o 55 years or more.

Certain causes of death are classified more precisely by race in Table III.27 and the ratios between infectious and degenerative diseases can be seen to be quite different in the White group to the Black and Coloured Group in this Table and in Table III.20.

Table III.28 details deaths by cause and month of receipt of information of the registration of such deaths.

Table III.29 details cause specific death rates per 100 000 of the population by race for the period 1967 – 1977.

Deaths from coronary thrombosis have changed but little over a five year period in both Whites and Coloureds (see Table III.30).

Mortality due to Tuberculosis is discussed in Section V (page 58) and that due to other notifiable conditions is discussed in Section VII (Page 80).

Figure: 3.7 *PRINCIPAL CAUSES OF DEATH IN WHITES : 1977*

Rank	Code	Cause	Deaths	% of Total	Rate per 1 000 population
1	410 — 414	Degenerative heart disease	511	24%	1,99
2	140 — 209	Malignant Neoplasms	432	20%	1,68
3	780 — 796	Senility and ill defined	368	17%	1,43
4	430 — 438	Cerebrovascular Disease	215	10%	0,84
5		Other Causes	203	9%	0,79
6	480 — 486	Pneumonia	98	5%	0,38
7	420 — 429	Other heart disease	88	4%	0,34
8	440 — 448	Disease of Arteries	37	2%	0,14
9	950 — 959	Suicide	33	2%	0,13
10		All other accidents	29	1%	0,11
11	810 — 829	Motor Vehicle accidents	26	1%	0,10
12	250	Diabetes	24	1%	0,09
13	400 — 404	Hypertension	22	1%	0,09
14	466, 490 — 491	Bronchitis	12	0,6%	0,05
15	011	Tuberculosis Pulmonary	8	0,4%	0,03
16	740 — 759	Congenital Anomalies	8	0,4%	0,03
17	960 — 999	Homicide	8	0,4%	0,03

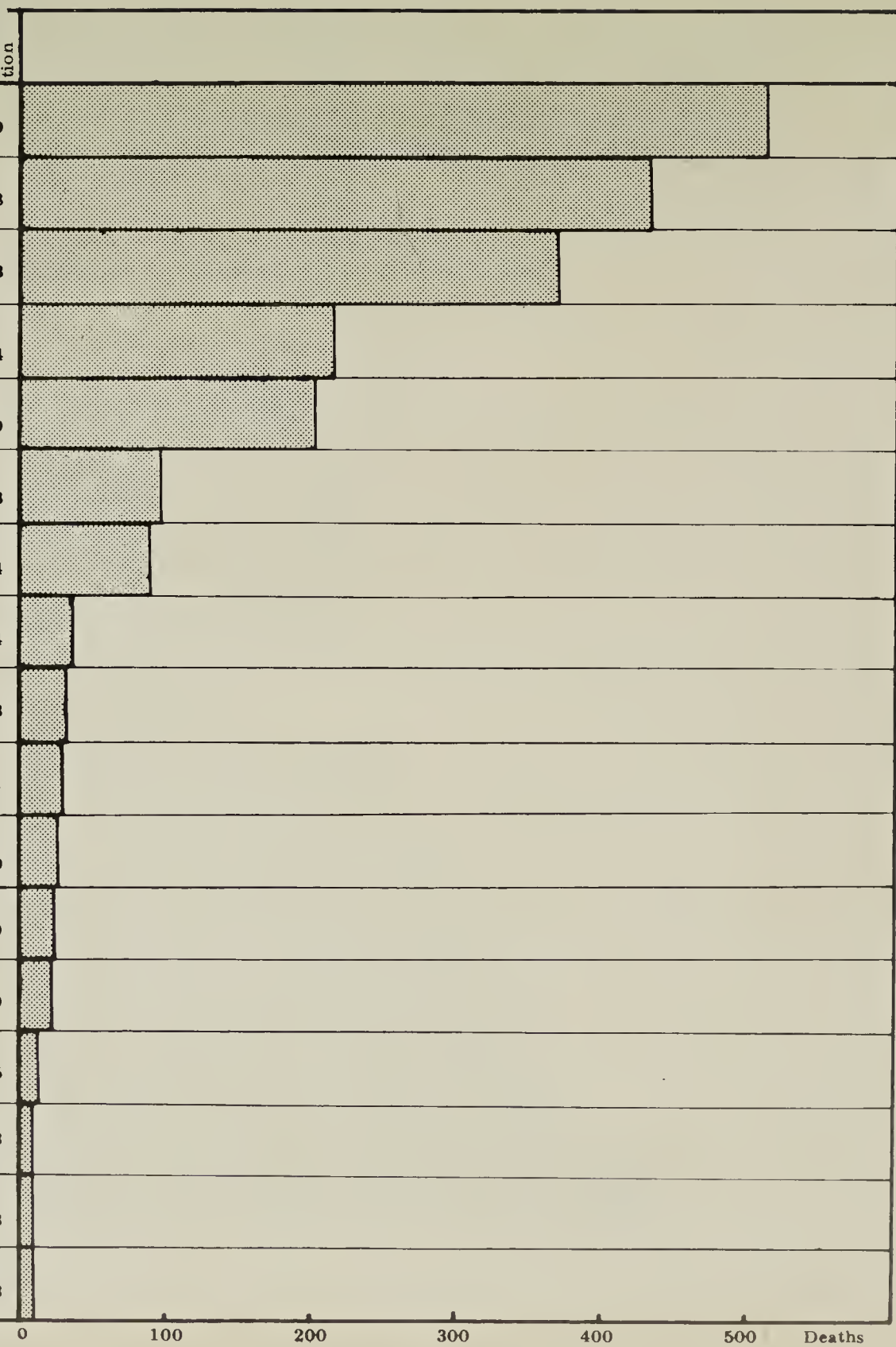


Figure: 3.8 *PRINCIPAL CAUSES OF DEATH IN COLOUREDS : 1977*

Rank	Code	Cause	Deaths	% of Total	Rate per 1 000 population
1	140 — 209	Malignant Neoplasms	428	14%	0,86
2	410 — 414	Degenerative heart disease	368	12%	0,74
3	780 — 796	Senility and ill defined	346	11%	0,70
4		Other causes	344	11%	0,69
5	430 — 438	Cerebrovascular disease	309	10%	0,62
6	480 — 486	Pneumonia	269	9%	0,54
7	420 — 429	Other heart disease	137	4%	0,28
8	810 — 829	Road accidents	97	3%	0,20
9	250	Diabetes	95	3%	0,19
10	400 — 404	Hypertension	94	3%	0,19
11	777	Prematurity	90	3%	0,18
12	960 — 999	Homicide	84	3%	0,17
13	011	Tuberculosis Pulmonary	71	2%	0,14
14		Other accidents	67	2%	0,14
15	004,8 9,561	Dysentry & Gastro Enteritis	53	2%	0,11
16	493	Asthma	43	1%	0,09
17	440 — 448	Disease of Arteries	24	0,8%	0,05

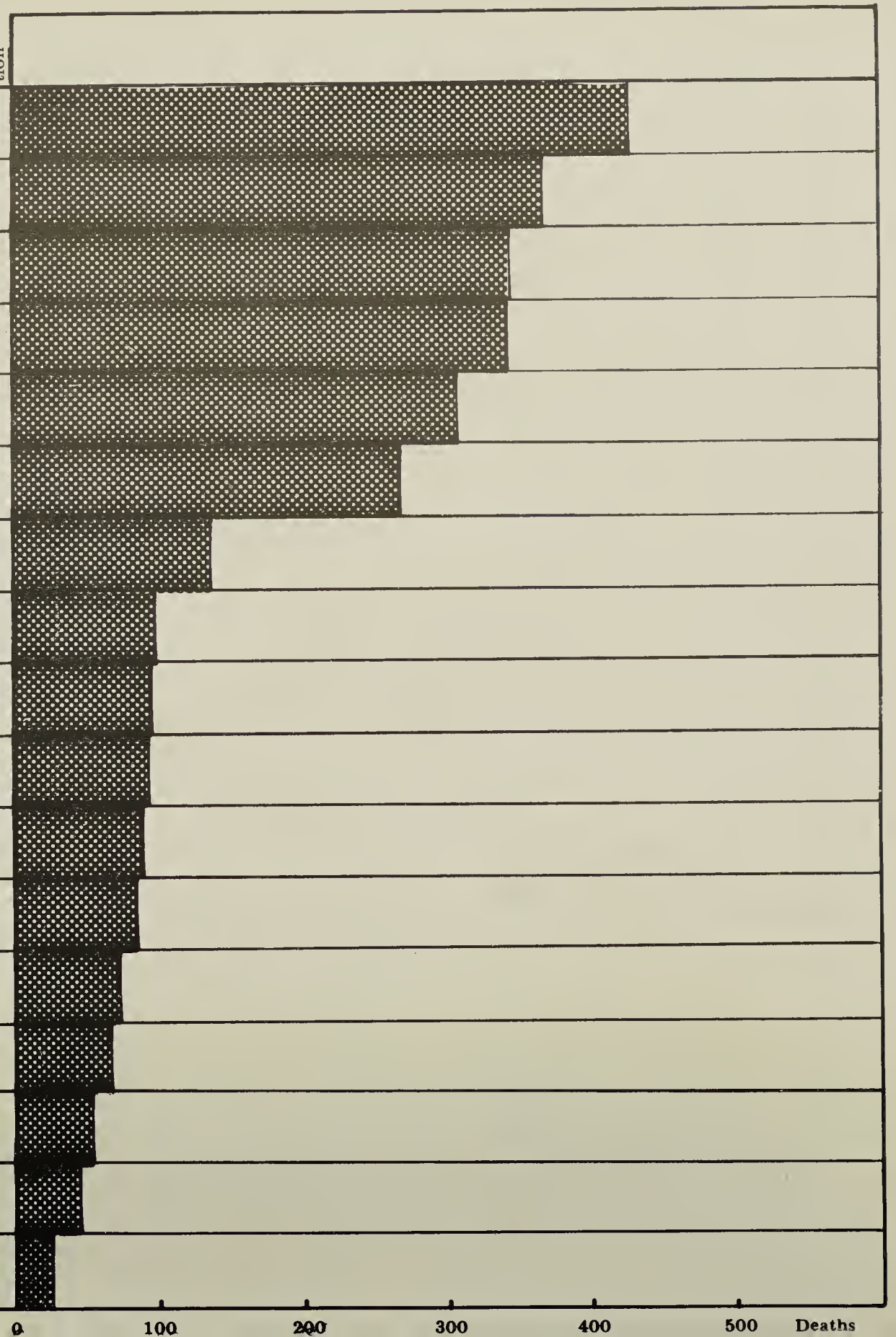
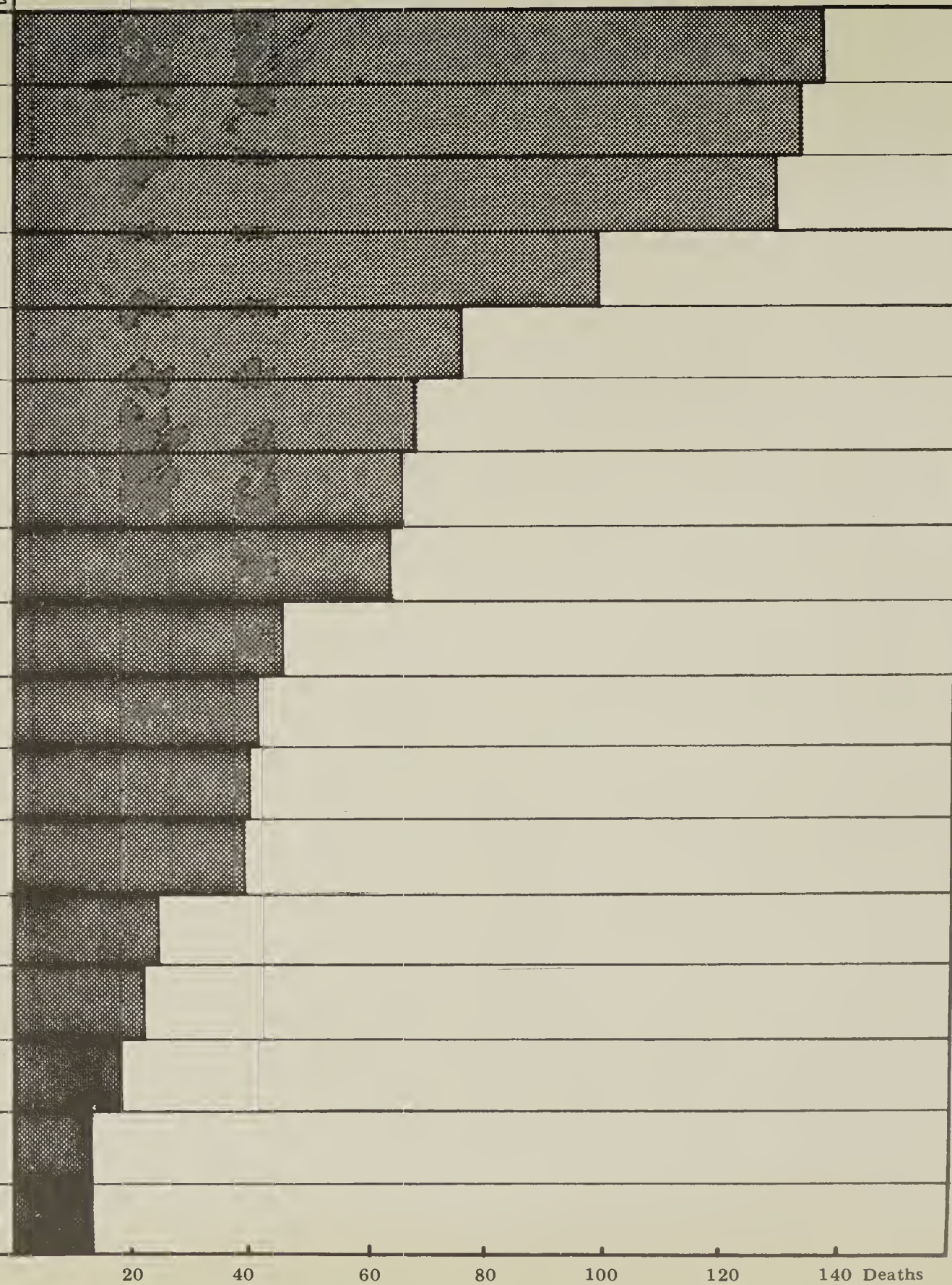


Figure: 3.9 *PRINCIPAL CAUSES OF DEATH IN BLACKS : 1977*

Rank	Code	Cause	Deaths	% of Total	Rate per 1 000 population
1	140 — 209	Malignant Neoplasms	137	12%	1,33
2	480 — 486	Pneumonia	133	12%	1,29
3		Other causes	129	12%	1,25
4	004,8, 9,561	Dysentary & Gastro Enteritis	109	10%	1,06
5	780 — 796	Senility and ill defined	76	7%	0,74
6	430 — 438	Cerebrovascular disease	68	6%	0,66
7	960 — 999	Homicide	66	6%	0,64
8	011	Tuberculosis Pulmonary	64	6%	0,62
9	777	Prematurity	46	4%	0,45
10	420 — 429	Other heart disease	41	4%	0,40
11		Other accidents	40	4%	0,39
12	810 — 829	Road accidents	39	4%	0,38
13	055	Measles	24	2%	0,23
14	493	Asthma	22	2%	0,21
15	410 — 414	Degenerative heart disease	18	2%	0,17
16	320	Meningitis	13	1%	0,13
17	010, 012—19	T. B. Others	13	1%	0,13



Mortality due to non-notifiable communicable diseases is an important index of the priority to be attached to these conditions, as their morbidity is hard to quantify.

Measles deaths over the ten years 1968 – 1977 are detailed in Table III.31. In 1977 there were 41 deaths (17 Coloured and 24 Black) compared with 34 deaths (11 Coloured, and 23 Black) in the previous year. The havoc wrought by this often underestimated Childhood disease is a spur to continued preventive efforts (see page 100).

Deaths due to Influenza, bronchitis and pneumonia over the ten years 1968 – 1977 are detailed in Table III.32. In 1977 there were 4 deaths due to influenza (2 White, 2 Coloured) 38 due to bronchitis (12 White, 21 Coloured and 5 Black) and 503 due to pneumonia (98 White, 269 Coloured 133 Black and 3 Asian) .

The importance of age is detailed in Table III.33 wherein it is shown that 26^{0}/o of the combined Coloured/ Black/Asian deaths due to bronchitis or pneumonia occurred in infants aged less than one year, 4^{0}/o in children aged one or two years, 4^{0}/o in children aged 3 or 4 years and 66^{0}/o in persons aged 5 years or more. The comparable percentages in Whites were 5^{0}/o under one year, 0,9^{0}/o aged 1 or 2 years, and 95^{0}/o in persons aged 5 years or more. Infant mortality rates are discussed on page 33 .

The mortality due to various diarrhoeal diseases over the period 1968 – 1977 is detailed in Table III.34. In 1977 there were 168 deaths due to these diseases (2 White, 54 Coloured and 122 Black) which was a decrease over the 264 registered in 1976 (5 White, 94 Coloured and 165 Black). The death rate for the whole population in 1977 due to diarrhoeal disease was 19 per 100 000 population.

Eighty nine percent of these deaths occurred in children under the age of 5 years (122 Under 1 year, 24 aged 1 or 2 years and 3 aged 3 or 4 years) and the diarrhoeal diseases were a prime cause of infant mortality (see page 37 , Table III.35 and Figure 3.15).

Langa and Guguletu : The principal Causes of General Mortality in 1977 are detailed in Table III.36 for Langa and Guguletu residents.

Pneumonia, gastro-enteritis, Pulmonary Tuberculosis and "all causes other than the principal ten" accounted for greater percentages of Langa deaths than in Guguletu.

A greater percentage of all Guguletu deaths was due to Malignancy, Senility or ill defined causes, perinatal mortality, Homicide, Cerebrovascular disease, motor vehicle accidents and 'other heart disease' than was the case in Langa.

Accidental Deaths

The number of home accidents fell from 57 in 1976 to 37 in 1977 (Table III.37).

The number of accidental deaths decreased from 388 in 1976 to 297 in 1977 the decrease was largely due to the decrease in road accident fatalities (by 32 from 194 to 162) and details are given in Table III.38.

Suicide

Data for the past five years (Table III.39) does not show any marked change in the pattern of suicide which continues to affect particularly males and the 24 – 44 year old age group (Table III.40). There was an increased preference for firearms and hanging as modes of committing suicide. (Table III.41).

Deaths in Institutions

Table III.42 reveals that over half of all deaths took place in institutions in 1977.

Standardised Death Rates

The age-sex structure of a population has a profound effect on its mortality experience and renders crude death rates totally useless for comparative purposes. More detailed analysis of the Municipal population will

be undertaken for future Annual Reports but as an example of the use of such statistics the Standardised Death Rates for White and Coloured males have been calculated (+) using the age-sex distribution illustrated in Figure 3.2 (1970 Census data) to calculate the population in the age groups 0 – 4; 5 – 24; 25 – 64 and 65 or more years. The Deaths occurring in these age groups in 1976 were then used to calculate death rates therein and the population and crude death rate of the population of England and Wales in 1968 were used as the standard.

Whereas the crude death rates reveal that White males suffer a mortality of 9,6/1 000 per year and Coloured males only 8/1 000 per year the Standardised death rate for Whites was barely half that for Coloureds. i e 11,9/1 000 as opposed to 22,3/1 000.

The "comparative mortality factors" calculated from these rates (using a standard crude death rate of 12,4/1 000) were Whites – 960; – Coloureds – 1798.

When more reliable demographic data becomes available it is anticipated that standardised Mortality Rates will be calculated to a much greater extent.

MORTALITY IN THE VERY YOUNG

Mortality in the very young is a sensitive index of the efficacy of health services and the health status of communities and is therefore discussed as a special entity in this section of the report dealing with Deaths.

Ideally, mortality data for a complete spectrum of ages should be available, in respect also of race, sex and the cause of death. Data collection to date does not allow of so sophisticated a presentation as yet but in the paragraphs below special attention is paid to widely utilised rates which were defined on page 25 .

Deaths in various age groups are detailed in Table III.20 which includes data relating to children of pre-school and schoolgoing ages but this section of the report concentrates on deaths occurring before the age of one year, i e deaths occurring in infants.

Numbers of Infant deaths and Infant Mortality Rates (IMR) in general

(see Tables III.2, III.9, III.43, III.44, III.53 and Figs. 3.10 and 3.11

Black infant deaths decreased (by 20%) from 325 in 1976 to 260 in 1977 with a corresponding decrease in the I M R from 79 in 1976 to 66 in 1977.

White infant deaths fell by 27,3% from 33 in 1976 to 24 in 1977 with a corresponding fall in the I M R from 10,4 in 1976 to 8,3 (the lowest ever recorded) in 1977.

Coloured infant deaths fell by 4% from 381 in 1976 to 309 in 1977 and there was a corresponding fall in the I M R from 31,6 to 25,9 (also the lowest ever recorded).

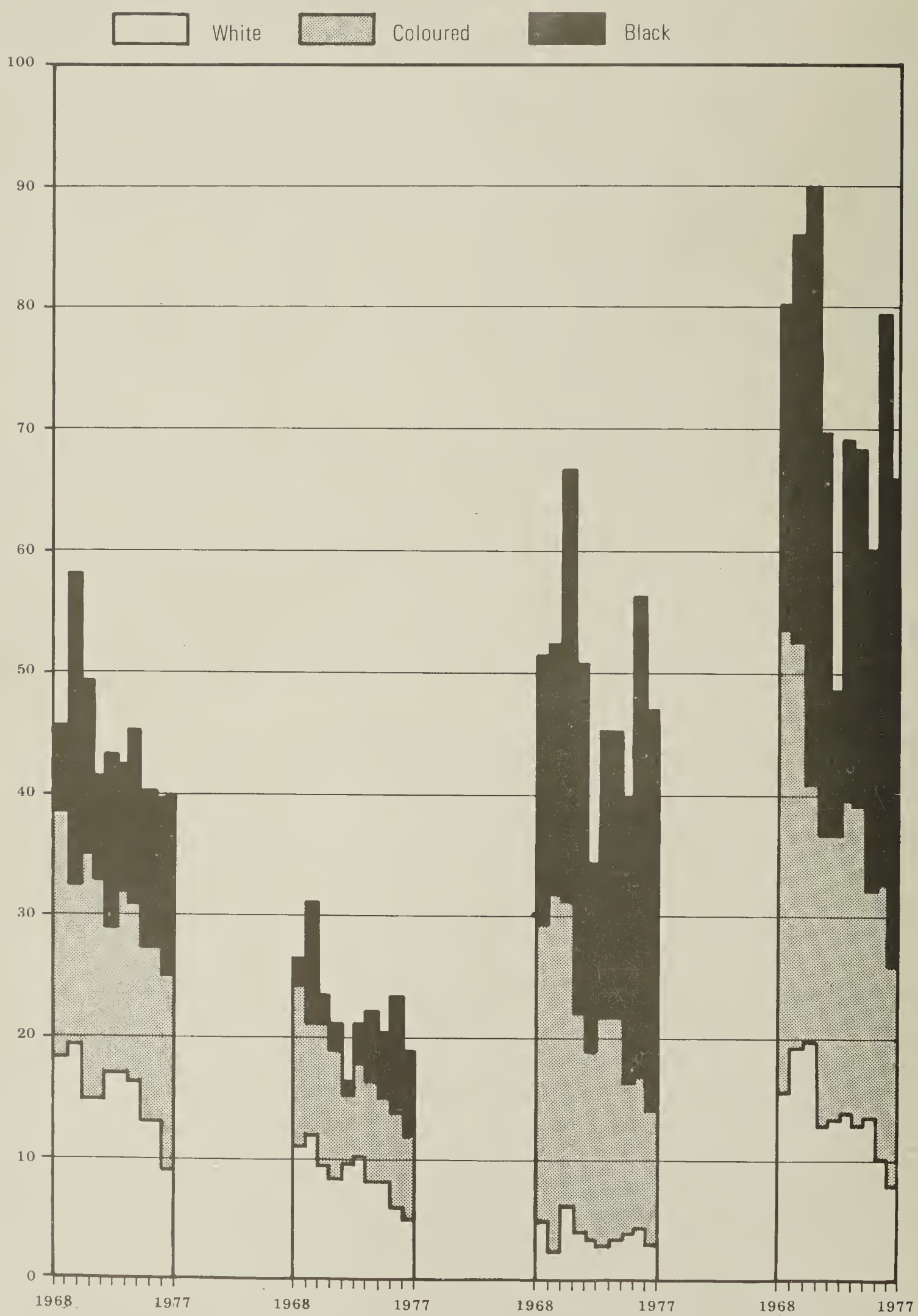
Asian infant deaths increased from 1 in 1976 to 2 in 1977 and the I M R increased from 3,8 to 9,2. However as the numbers of this population are so small the rates cannot be regarded as comparable in validity to those for the other population groups.

Infant Mortality Rate data over the past few decades (Fig. 3.11) reveals the value of Early Notification of Births and the total inadequacy of Registered births as sources of the denominator. The fall in Coloured I M R since 1963 is revealed as being at a faster rate than the fall in the White I M R and in both cases the fall is closely correlated with the passage of time ($r = -0{,}96148$ for Coloured and $-0{,}92968$ for White I M R). Correlation was not so close for Blacks ($r = -0{,}78232$). The dangers of predicting the future by means of trend lines are well known, nevertheless Fig. 3.11 indicates that an I M R of 5 **could** be reached for Whites by 1981 and for Coloureds by 1986.

The Infant Mortality experienced in Cape Town is discussed below in relation to the age at death, the season (month) in which deaths were registered, the principal causes of death, the association with illegitimacy and the place of death.

(+) Reference Hobson, W(Ed). 1969. The Theory and Practice of Public Health, erd Ed., Oxford, London.

Figure: 3.10 *PERI-NATAL, NEO-NATAL, POST NEO-NATAL AND INFANT MORTALITY RATES: 1968 – 1977*



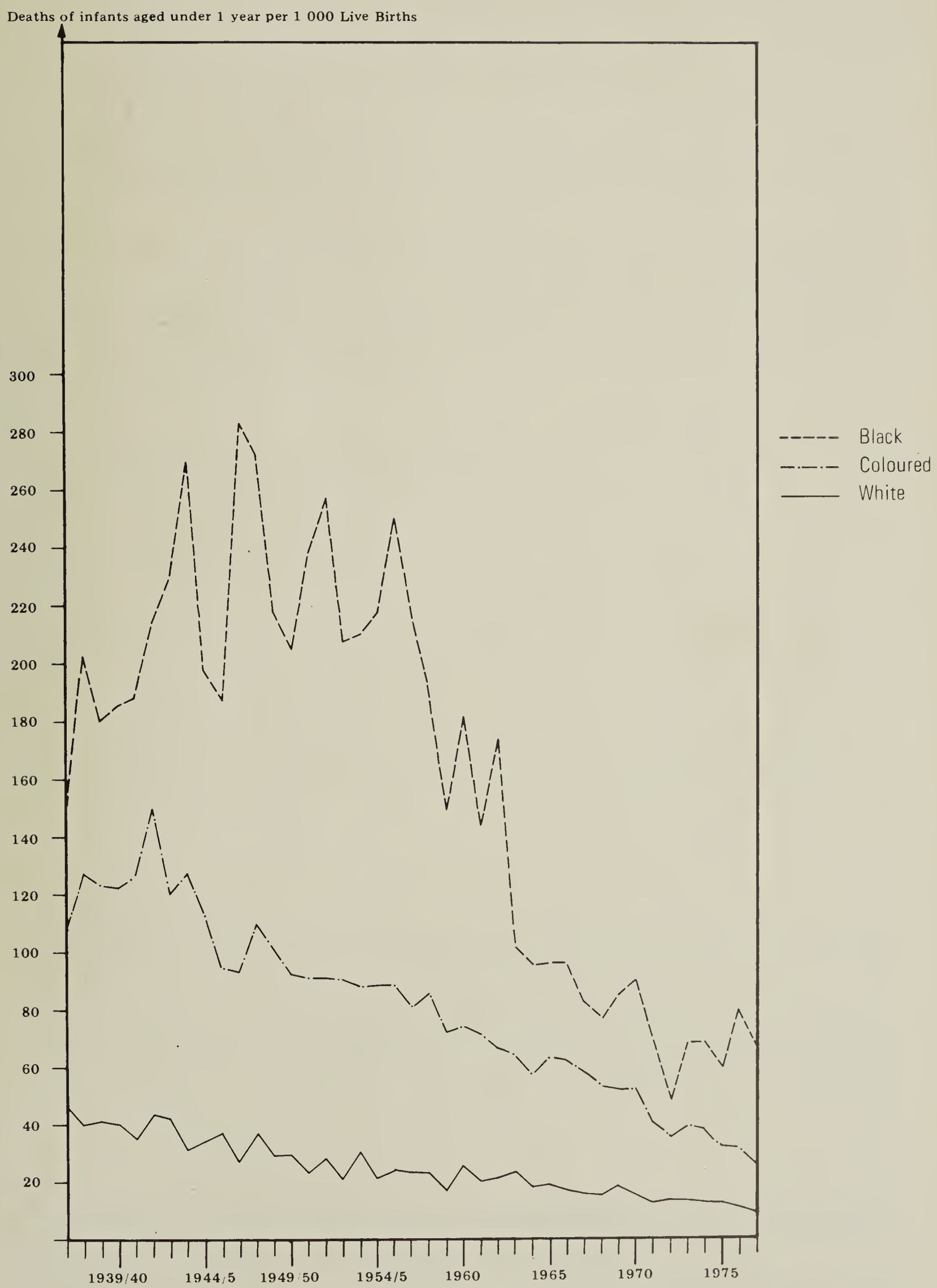
Peri-natal Mortality (Still births and deaths under one week per 1000 live and still-births)

Neo-natal Mortality (Deaths in the first 28 days of life per 1000 live births)

Post Neo-natal Mortality (Deaths over the age of 28 days but less than one year per 1000 live births)

Infant Mortality (Deaths at less than one year per 1000 live births)

Figure: 3.11 *INFANT MORTALITY RATES: 1936/7 – 1977*



NOTE; 1. Rates based on Registered Births until 1963 and from then based on Notified Births.

11. Data collection changed from "mid-year to mid-year" to "calendar year" between 1955 and 1956.

Langa and Guguletu : Infant Mortality – This is a combination of neonatal and post-neonatal mortality and is universally accepted as a reliable indicator of the health status of a community.

The Langa rate of 75,7 compares unfavourably with the Guguletu rate of 58,9 and very unfavourably with the White rate of 8,3.

Age at death

(see Table III.45 and Figure 3.9).

The usefulness of distinguishing between death rates at different ages lies in the ability to pinpoint causes which can be avoided – those causes being likely to differ as the child ages and is exposed to different hazards.

Perinatal mortality

This is usually regarded as an index of the quality of and the use made of Antenatal, Obstetric and Neonatal care services, as it embraces both stillbirths and deaths of infants under one week of age; when factors relating to ante-natal care and to the delivery and immediate post-partum periods can be expected to have the most effect. (see Tables III.53, III.54).

(Stillbirths were discussed on page 23).

Perinatal Mortality in Whites fell below 10 for the first time (being 13 in 1976 and 9,3 in 1977) and was the lowest ever recorded for Coloureds (28 in 1976 and 25 in 1977). The Black rate rose from 38 to 40 and the Asian rate increased from 11 to 14.

Table III.54 shows perinatal, neonatal and post-neonatal mortality over a five year period for Whites and other race groups.

Langa and Guguletu : Perinatal Mortality (PNM) – This was similar in both Langa and Guguletu but was about four times as high as that for Whites. (Table III.53).

Neonatal deaths

The neonatal period embraces the first 28 days of life and may be further subdivided into early (less than 7 days of life) and late (7 – 28 days) periods.

Early Neonatal deaths

These are detailed on Table III.45 which has not yet been refined to cover all race groups separately.

In Whites the 11 early neonatal deaths accounted for 45,8^{0}/o of all deaths under one year while for the other groups (Blacks/Coloured/Asian combined) the 187 deaths accounted for only 32,7^{0}/o of infant deaths.

As regards perinatal mortality early neonatal deaths in Whites contributed 40,7^{0}/o in 1977 and 36,6^{0}/o in 1976 while stillbirths contributed 59,3^{0}/o in 1977 and 63,4^{0}/o in 1976; in the other race groups early neonatal deaths contributed 40^{0}/o in 1977 and 41^{0}/o in 1976 and stillbirths 60^{0}/o in 1977 and 59^{0}/o in 1976 of the total perinatal mortality.

Late neonatal deaths

(see Table III.45).

These numbered only 4 for Whites and 36 for other race groups, i.e. 16,6^{0}/o and 6,3^{0}/o of White and other infant deaths respectively.

Neonatal deaths – combining the above.

(see Figure 3.10 and Tables III.45 and III.53).

There was a decrease in the Black neonatal mortality from 94 deaths in 1976 to 76 deaths in 1977 corresponding to a decrease in the neonatal mortality rate from 23 to 19. The number of Asian deaths (1) remained unchanged and the neonatal mortality rate increased from 4 to 5 from 1976 to 1977. White deaths fell from 20 to 15 and the rates fell from 6 to 5 while Coloured deaths fell from 172 to 146 and the rates from 14 to 12 continuing the trends for these two groups.

Langa and Guguletu : Neonatal Mortality – The position of Langa and Guguletu Blacks vis-a-vis one another and the Whites show a similar picture to Perinatal Mortality (see Table III.53).

Post Neonatal Deaths

(From one month but under one year of age).
(see Table III.45, III.53 and Figure 3.10).

Ideally, health services and socio-economic conditions should be such that mortality in this period is minimal. The hazards of delivery and the post-partum period are past, the waning of maternal immunological protection should be paralleled by a programme of active artificial immunisation and in general only "unavoidable" causes of death should operate.

This situation is approached for the White group where in 1977 there were only 9 such deaths (a rate of 3 per 1 000 live births).

Asians had a rate of 5 per 1 000 (one death). The Coloured infants however suffered 163 deaths (compared with 209 in 1976) with a rate of 14 in 1977 compared with 17 in 1976.

The Black group experienced 184 deaths (compared with 231 in 1976 – a decrease of 79,6^{0}/o) with a decrease in the death rate from 56 in 1976 to 47 in 1977.

The causes of Black and Coloured deaths are discussed below but probably two thirds of them were readily 'avoidable' (see Table III.45).

Deaths by season

The same problems with data collection discussed on page 25 apply. Month of Receipt of registration of deaths is detailed in Table III.49 and III.50.

Principal causes of Infant Mortality

(see Tables III.20, III.48, III.50 and Figures 3.12, 3.13 and 3.14).

Infant Mortality in general

From Table III.45 which lists 21 diseases or groups of diseases it can be seen, as in Figure 3.12, that in Whites the major single problems are congenital anomalies, pneumonia, other disease peculiar to early infancy, and prematurity.

Figure 3.13 shows that in the Coloured group the major single problems are prematurity, pneumonia, gastro-enteritis and Figure 3.14 shows that in the Black group the major single problems are gastro-enteritis, pneumonia, prematurity, measles and congenital malformations. Figure 3.15 illustrates trends in gastro-enteritis mortality.

Table III.47 indicates trends over a decade.

Langa and Guguletu : Causes of Infant Mortality (i e deaths under the age of one year) are detailed in Table III.55. Langa showed higher infant mortality rates due to Diarrhoea/Enteritis; Pneumonia; Congenital Malformation; Other Diseases of the Newborn and Meningitis, than Guguletu.

Guguletu had higher infant mortality rates due to Prematurity; Measles; Avitaminosis; Nutritional Maladjustment and other ill defined diseases; septicaemia; Tuberculosis and Bronchitis, than Langa.

Figure: 3.12 *PRINCIPAL CAUSES OF INFANT MORTALITY IN WHITES : 1977*

Rank	Code	Cause	Deaths	% of Total
1	740 — 759	Congential Malformations	7	**29**
2		Other Misc. causes	4	17
3	766 — 778	Other disease of early infancy	4	17
4	480 — 486	Pneumonia	4	17
5	777	Prematurity	3	13
6	038	Septicaemia	1	4
7	466, 490—1	Bronchitis	1	4
		All causes	24	

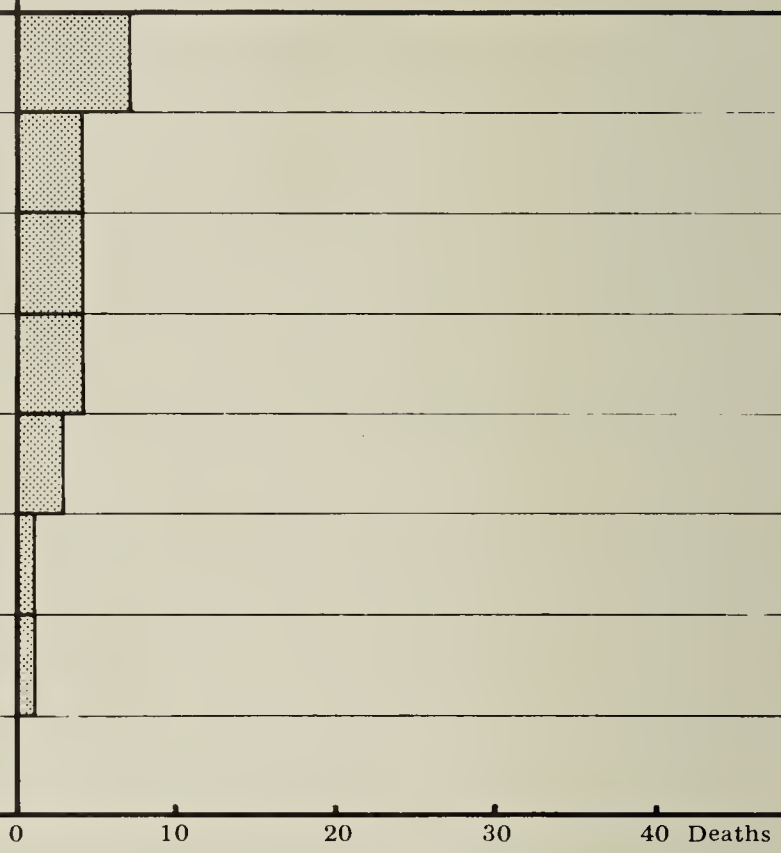


Figure: 3.13 *PRINCIPAL CAUSES OF INFANT MORTALITY IN COLOUREDS : 1977*

Rank	Code	Cause	Deaths	% of Total
1	777	Prematurity	90	29%
2	480 486	Pneumonia	61	20%
3	004,8 9,561	Gastro-enteritis	55	18%
4		Other Misc. causes	35	11%
5	776 778	Other diseases of early infancy	23	7%
6	740 - 759	Congenital Malformations	18	6%
7	038	Septicaemia	7	2%
8	055	Measles	5	2%
9	010,012 015,019	Tuberculosis	4	1%
10	320	Meningitis	3	1%
11	772	Birth injury	2	0,6%
12	267 - 273	Nutritional Maladjustment	2	0,6%
13	259 266	Avitaminosis	1	0,3%
14	033	Whooping Cough	1	0,3%
15	913	Suffication Overlying	1	0,3%
16	090	Syphilis	1	0,3%
		All causes	309	

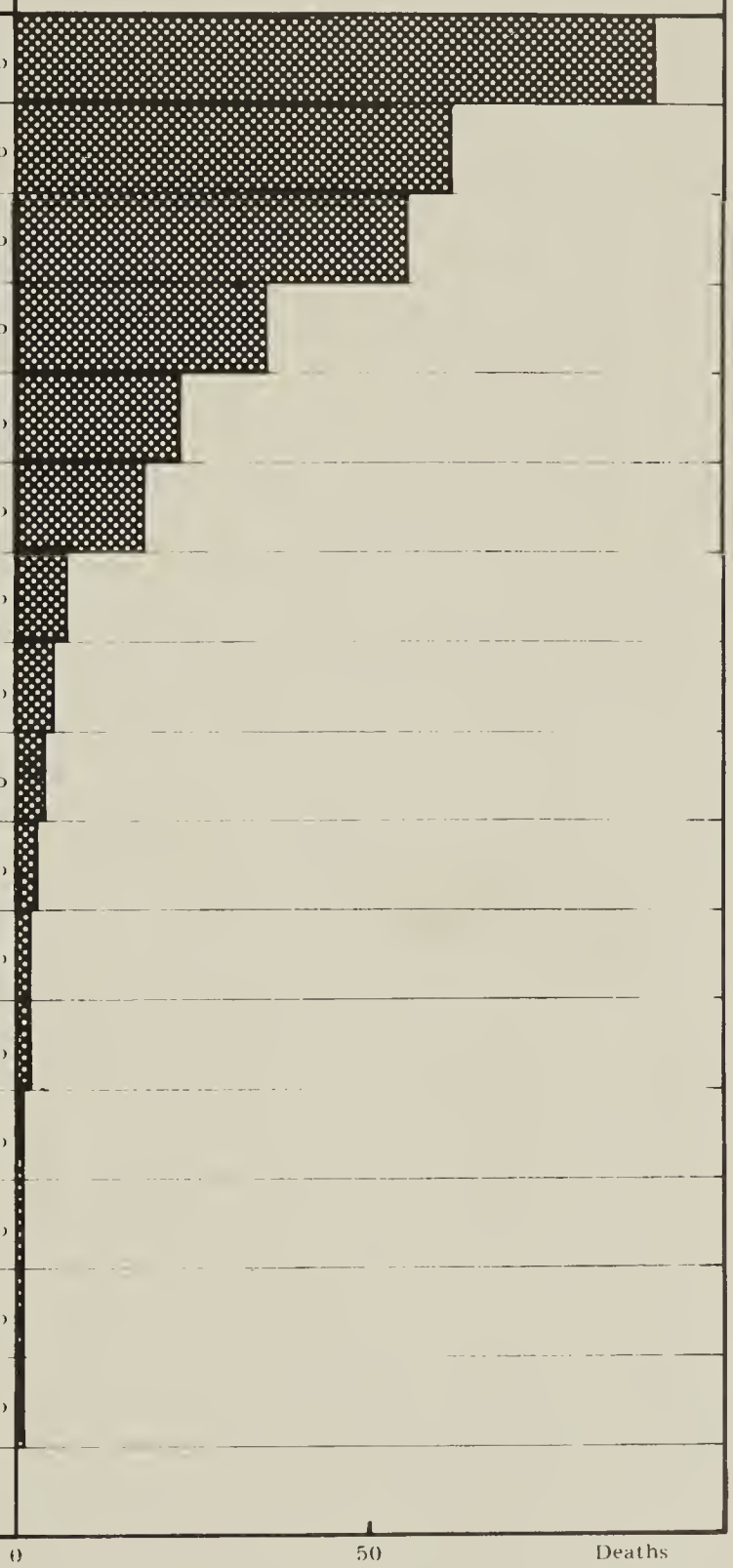


Figure: 3.14 *PRINCIPAL CAUSES OF INFANT MORTALITY IN BLACKS : 1977*

Rank	Code	Cause	Deaths	% of Total
1	004,8, 9,561	Gastro-enteritis	87	34%
2	480 — 486	Pneumonia	50	19%
3	777	Prematurity	46	18%
4		Other Misc. causes	29	11%
5	055	Measles	10	4%
6	776 — 778	Other diseases of early infancy	8	3%
7	740 — 759	Congenital Malformations	8	3%
8	038	Septicaemia	5	2%
9	267 — 273	Nutritional Maladjustment	5	2%
10	259 — 266	Avitaminosis	5	2%
11	320	Meningitis	2	0,6%
12	466, 490,491	Bronchitis	2	0,6%
13	010—012 015—019	Tuberculosis	1	0,4%
14	500 — 519	Other Diseases of the Respiratory Tract	1	0,4%
15	013	T B Meningitis	1	0,4%
		All causes	260	

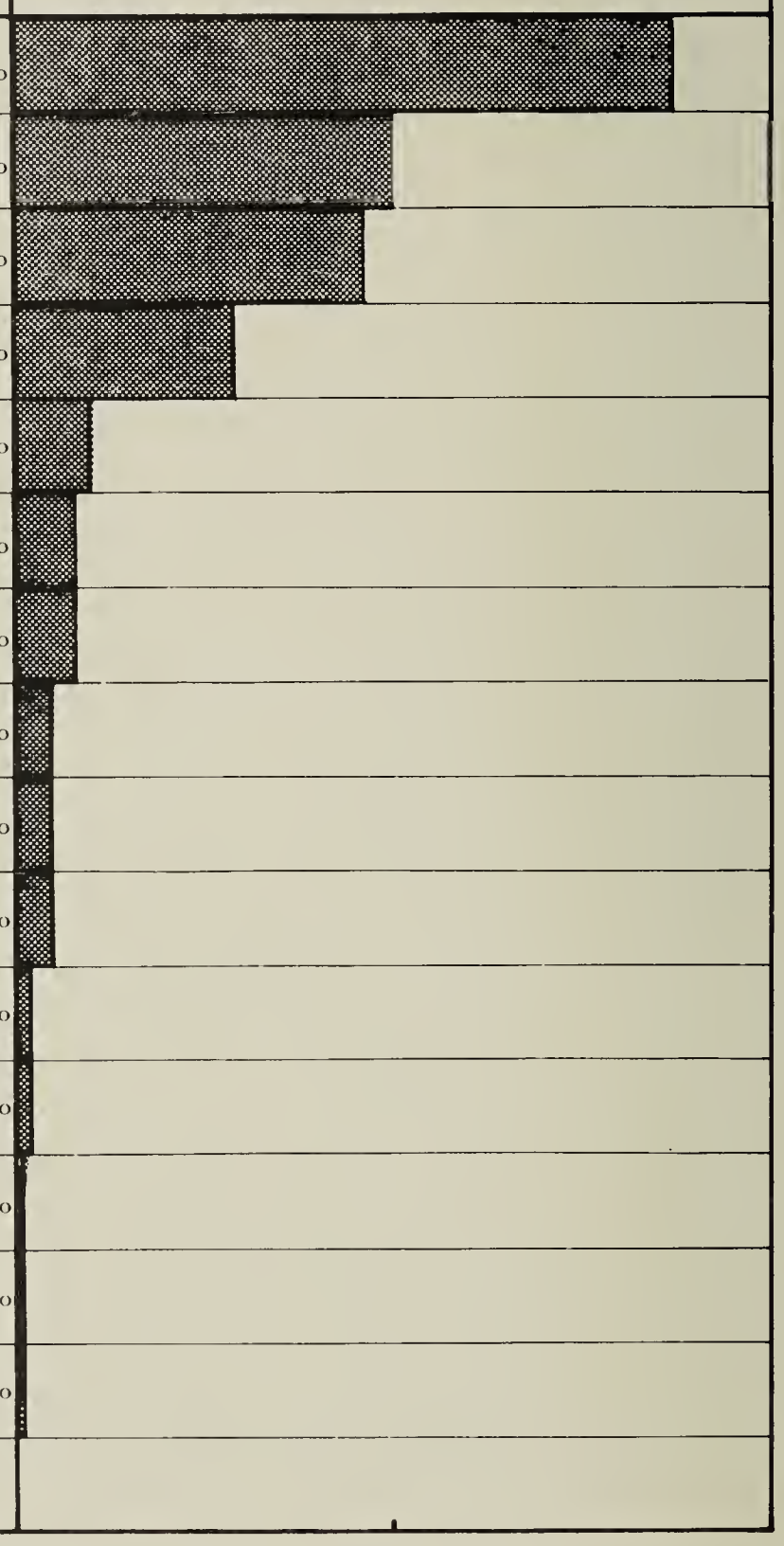
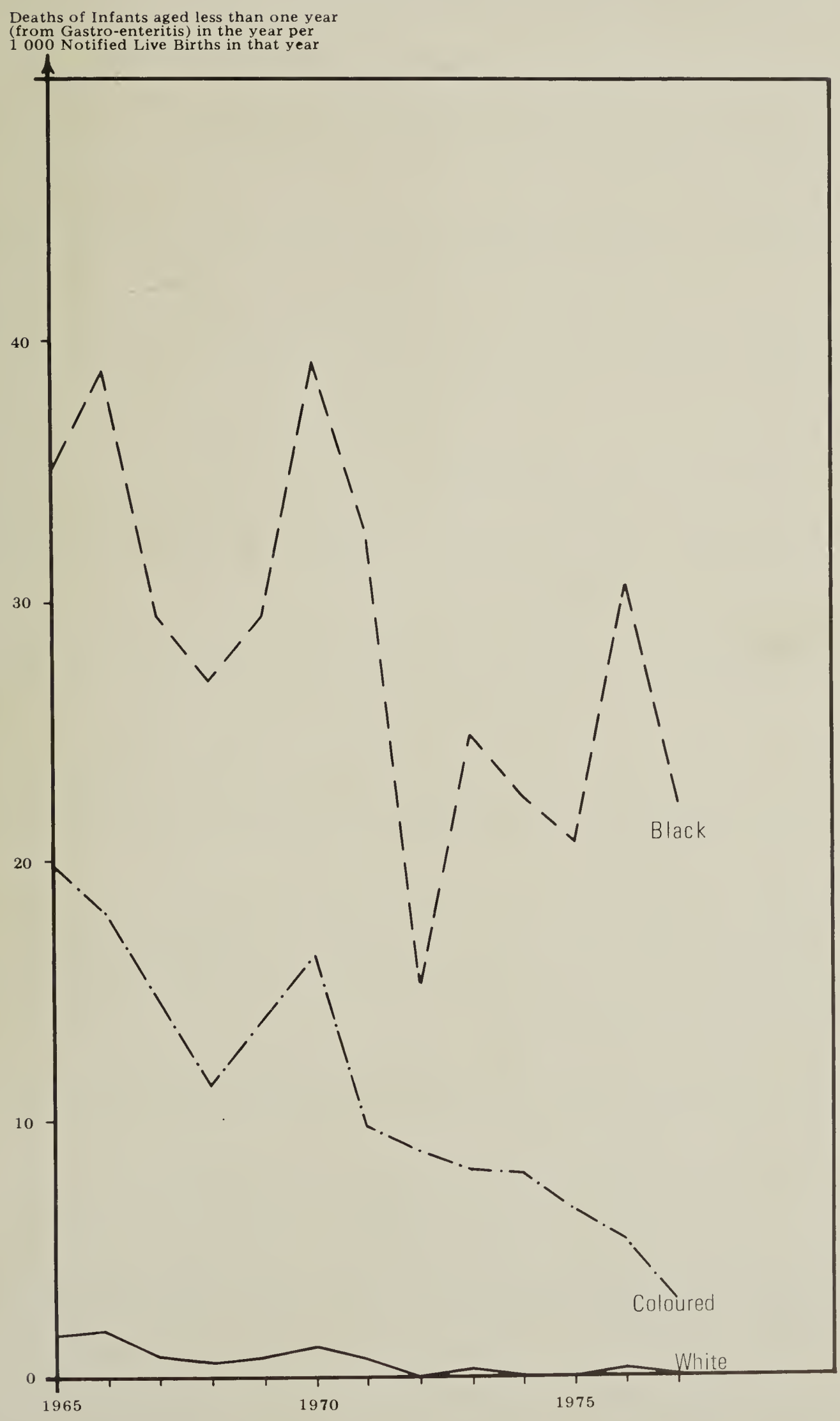


Figure: 3.15 *INFANT MORTALITY DUE TO GASTRO-ENTERITIS : CITY OF CAPE TOWN 1965 – 1977*



It is pertinent now to examine causes of death in relation to the age at death so that efforts by the appropriate health services can be focussed thereon.

Early neonatal mortality

In Whites the 11 early neonatal deaths were due to prematurity (3), congenital anomalies (3), haemolytic disease of the newborn (4), and 'other causes' (1). Preventive measures here need to be directed chiefly towards determining and avoiding the reasons for prematurity which should be a priority for those concerned with ante-natal care and deliveries.

In Coloureds and Blacks grouped together as on Table III.45 (future refinement of data collation will separate these two groups) the 187 early neonatal deaths were due to prematurity (112), other infant diseases (28), other or ill-defined causes (20), congenital malformations (9), pneumonia (8), septicaemia (4), diarrhoea/enteritis (4), injury at birth (2).

Here again the clear priority for health services concerned with ante-natal and delivery services must be to prevent prematurity. In these race groups there is also, however, a much wider spectrum of pathology involved.

It is noteworthy how unimportant is gastro-enteritis at this period of the child's life – almost certainly because of breast feeding, or at least bottle – feeding under institutional supervision.

Late neonatal mortality

In Whites the 4 deaths were due to congenital anomalies (4).

In Coloureds and Blacks grouped together as on Table III.45 the 36 late neonatal deaths were due to prematurity (17), pneumonia (4) +, other or ill-defined (5) +, congenital anomalies (2), gastro-enteritis (3) +, other infant diseases (2) +, septicaemia (3) +.

Here the health services usually caring for the infant upon its return to the home can hope to prevent only a proportion of those 12 deaths marked +, the ante-natal and delivery services still needing to prevent the remainder at an earlier stage.

Post neonatal deaths

In Whites the 9 deaths were due to 'other or ill-defined causes' (3), pneumonia (4), Septicaemia (1), Bronchitis (1). Data collation needs to be more precise but it would appear that preventive services are good and the chances of improvement slight.

In Coloureds and Blacks taken together as a group 348 post-neonatal deaths were due to gastro-enteritis (115), pneumonia (99), other and ill-defined causes (60), measles (15), congenital anomalies (16), meningitis (5) nutritional maladjustment and avitaminosis (13), tuberculosis (6), prematurity (7), bronchitis (2), septicaemia (5), post-natal asphyxia / atalectasis (1), whooping cough (1), Syphilis (1), accidental mechanical suffocation (1), other infant diseases (1).

Community preventive health services should view gastro-enteritis and pneumonia as a major problem to be investigated and overcome and to regard almost all post neonatal deaths as preventable and thus as failures of health and social services.

Langa and Guguletu : Post Neonatal Mortality – Here Langa emerges as being in a far worse state of affairs than Guguletu with this rate being 57,1 compared to Guguletu's 39,6 and Cape Town Whites 3,1.

This period of the child's life requires informed and responsible parental care, adequate nutrition and protection against infectious diseases. There is clearly a need for vastly expanded child health services in both areas but particularly in Langa.

Gastro-enteritis, pneumonia and measles are very important causes of death in this age group and are all preventable.

Infant Mortality in relation to Legitimacy

It must be remembered that legitimacy rates are widely different for the different race groups and that associations between legitimacy and infant mortality or indeed race and infant mortality, are in many cases spurious as there are other socio-economic and environmental factors involved.

Table III.52 gives infant mortality rates by race and legitimacy for 1977 and 1976 only for deaths of infants whose legitimacy was known (168 infant deaths where this could not be established are excluded from the table). In general the infant mortality rate is twice as high amongst illegitimate births as amongst legitimate ones in the Coloured and Black Groups.

Infant deaths and place of death

Table III.51 details the number of deaths in each race group occurring in hospital or at home by neonatal and postneonatal periods and by legitimacy.

90,3% of neonatal deaths took place in hospital while only 43,7% of post-neonatal deaths did so, probably indicating a failure of parents to utilise health services quickly enough.

96,6% of known legitimate neonatal deaths took place in hospital as did an almost equal percentage of 84,1% of such illegitimate deaths.

Somewhat surprisingly whereas 39,5% legitimate post-neonatal deaths took place in hospital, the illegitimate figure was slightly higher at 47,3%.

Where legitimacy was not known 89,9% of neonatal deaths occurred in hospital and 44,1% of post-neonatal deaths did so.

MATERNAL MORTALITY

(see Table III.56).

There were 5 maternal deaths in 1977 two being ascribed to childbirth and 3 to abortion. Magisterial inquests were held in the 3 cases of abortion. (see Table III.57).

VITAL STATISTICS COMPARED WITH OTHER CENTRES

Table III.58 details such comparisons for a number of centres.

SECTION IV – COMMUNITY HEALTH CARE

This Branch is responsible for providing promotive and preventive health services in the spheres of Family Planning; Ante-Natal and Post-Natal Care; and Child Welfare (immunisation, developmental screening, screening for hearing and visual defects, school eye clinics, infant feeding advice and distribution of subsidised milk, protected infant care, nursery school licensing, and control of Council Nursery Schools). In addition, Tuberculosis, Geriatric and Venereal Disease services are offered at Comprehensive Community Health Centres (see below).

Health education is provided in all the above fields.

The Branch's responsibilities are met by a combination of clinic services at fixed centres and an intensive programme of domiciliary visiting by Public Health Nurses (Health Visitors).

COMPREHENSIVE COMMUNITY HEALTH CENTRES

Personal Health Services offered by the City Health Department developed along lines dictated by legislation (or the lack of it), and the needs of the community, so that separate branches dealing with Tuberculosis, Venereal Diseases and Maternal and Child Welfare emerged over the years. Because of the realisation that greater efficiency, improved work satisfaction and a higher level of community service would result from the amalgamation of these services into a more comprehensive, single promotive health service, such a pilot project was launched in the Heideveld area in 1974. Since then continuous progress has been made towards the ultimate complete fusion of these three Branches.

In August 1977 the Municipal area was divided into three geographic Health Zones (each composed of a number of smaller health districts) with clearly defined boundaries controlled by a Principal Medical Officer as Branch Head. This zonal division forms the administrative basis of the re-organisation of the health services into a fully cohesive promotive and preventive community service with the objective of meeting the needs and demands of the population in a more efficient manner. In addition provision is made for collection of demographic data to assess accurately the health needs of varying districts, and also to monitor the efficiency of the services being provided.

Delivery of this health care is by means of units consisting of a base clinic or Community Health Centre providing a wide range of services to meet the needs of the residents of a defined surrounding area. In some areas use is also made of satellite clinics.

By the end of 1977 Heideveld, Silvertown, Retreat, Lavender Hill, Kensington, Bonteheuwel, Manenberg, Hanover Park, Parkwood, Langa, Guguletu, Netreg, Newfields, Claremont, Mitchells Plain and Wynberg were offering comprehensive promotive and preventive Health Services to some 680 500 people.

A planning committee including senior field staff, meets regularly to blueprint all stages of the conversion of each centre in turn.

MITCHELLS PLAIN

By the end of the year 1 246 dwellings had been erected in Area 'A' of Mitchells Plain and these fall under the jurisdiction of the City Health Department for the provision of preventive health services. This tremendous housing concept should produce a city larger than Bloemfontein by 1982.

In addition the residents of Area I (constructed under a scheme by the Divisional Council of the Cape) were also entrusted to our care. This adds to total of about 6 000 persons.

In anticipation of all this we have constructed our first custom built community poly clinic adjacent to the Civic Centre in Area 'A'. Much research went into this design based on the many years experience of the various field members of the health team. Flexibility for changing needs over the next 25 years was incorporated.

The basic principles behind the poly clinic was to enable all our health services to be provided under one roof and several functions to be performed simultaneously. There are dual entrances and a dual system of patient flow. One side of the clinic caters for ante natal services, maternal and child

The Health Centre at Mitchells Plain is a modern polyclinic concept.

A miscalulation . . . ?

welfare clinics, family planning clinics, child assessment clinics, immunising clinics, dental clinics, eye and ear testing clinics, etc., while the other portion of the building enables tuberculosis clinics, venereal disease clinics, geriatric clinics and (still to come) psychiatric clinics and rehabilitative services to run concurrently. In this way, and by means of a full programme of morning and afternoon sessions throughout the week, we expect this poly clinic to supply all the preventive health needs of at least 60 000 of the population.

Langa and Guguletu : Full amalgamation of clinic services, in Langa and Guguletu, into a system of Comprehensive Community Health Care which was delayed in 1976, by the out-break of civil unrest, is now almost complete.

FAMILY PLANNING

Programme Aims

Family Planning Services are being accorded an ever higher priority rating as many Health problems would be prevented or alleviated if family size was limited to that desired by (and capable of being provided for by) the parents. The Central Government attaches so much importance to this service that it is subject to a 100%/o refund from that body. It must be emphasized that the aim of the Family Planning Programme is to raise the standard of Family Health and not merely to control population or community growth.

Attendances

In 1977 a total of 45 539 persons (2 800 White, 38 086 Coloured, 280 Asian and 4 373 Black) made use of the services (see Table IV.1) which is the highest figure so far recorded.

Individual persons attending ("Attendances") at 22 centres and at clinic held by the Factory team over the years 1974 – 1977 are detailed in Table IV.2.

The perferences for different modes of contraception shown by women of different race groups is shown in Table IV.3, IV.4 and Figure 4.1.

The percentage of White and Coloured females in the child-bearing age group (15 – 49 years) estimated to be attending Family Planning clinics is shown in Table IV.5. For Whites the figure is 4,3%/o and for Coloureds 30%/o. Many White women, of course, seek the advice of their private doctors. Black figures cannot be calculated owing to the lack of demographic data. The objective in the Family Planning programme is to involve as many as possible of all women exposed to the risk of contraception i.e. in the age groups 15 – 49.

Langa and Guguletu : Langa : By agreement with the Provincial Authorities the Langa Day Hospital provides Family Planning services to Langa residents. The number of individuals on Family Planning here is not known to the City Health Department but there were 484 new acceptors during 1977 and an average of 539 old acceptors were seen each month during the year. Of the new acceptors only two had an intra-uterine device so that approximately 40%/o went on the pill and 60%/o on the injectable contraceptive. Total attendances numbered 6 952.

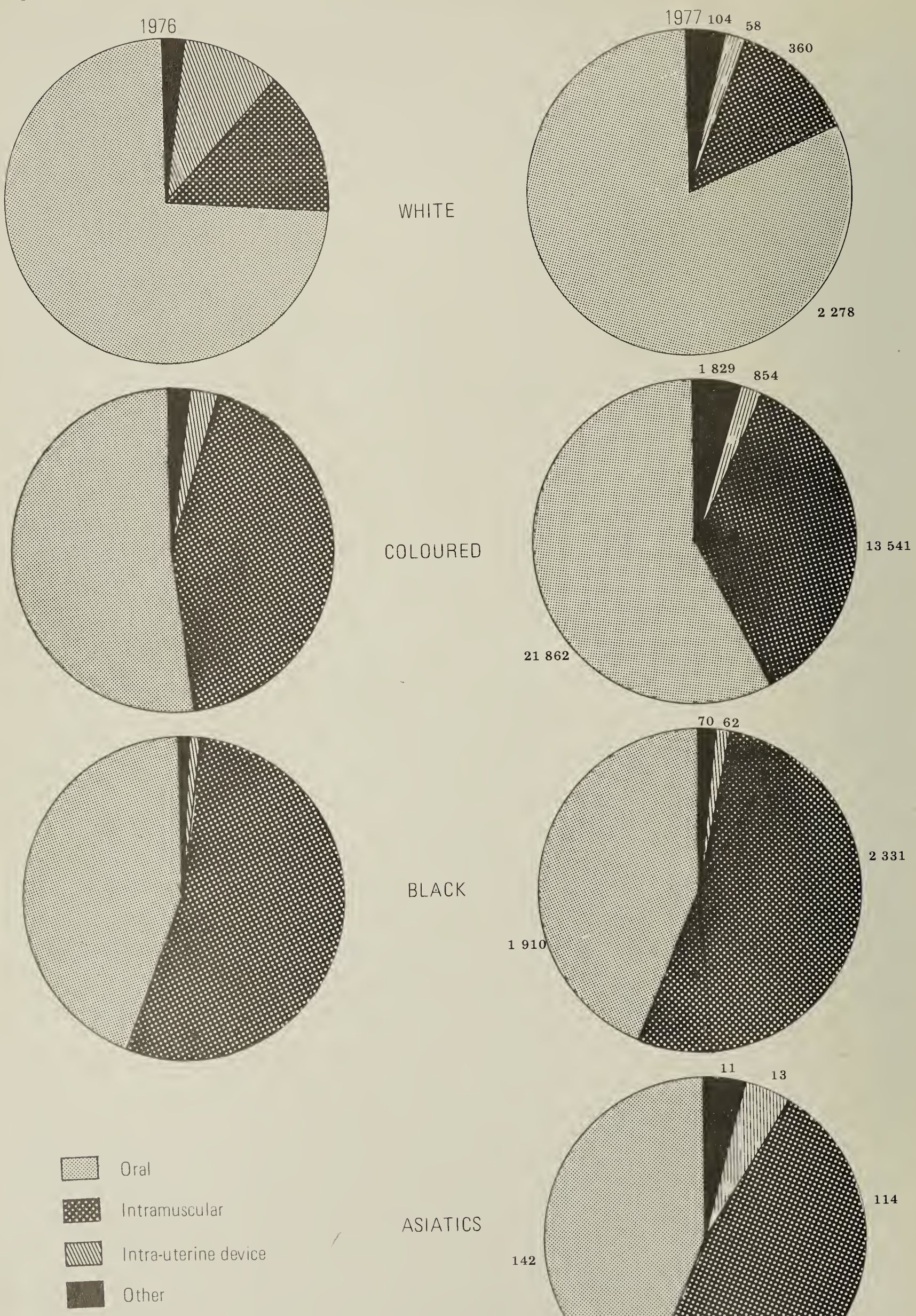
Guguletu : Some 2640 individuals accepted Family Planning in 1977, equivalent to 20,7%/o of the 12 723 females in the child-bearing age group estimated to reside in this township. Efforts are being made to increase this figure.

The pattern of choice for different modes of contraception in these women differed from that found in the Black females attending other clinics outside Langa or Guguletu (see Table IV.3) with proportionately more favouring injectable contraception and fewer using oral contraception in Guguletu than in the City proper. However, the Guguletu preference for injectable contraceptives (59%/o) versus the pill (39%/o) was very similar to the Langa Day Hospital figures.
Total attendances at the Guguletu Clinic numbered 6 506.

Carcinoma of the cervix uteri

Since February 1960, routine cytological screening to detect possible early malignancy of the cervix has been performed on all women attending Family Planning or Post-Natal clinics. Where a typical cytology is

Figure: 4.1 *THE PREFERRED INITIAL MODE OF CONTRACEPTION: 1976 – 1977*



found the patients are referred to the gynaecological out-patients department for further management.

In 1977, 18 910 Papanicolau smears were examined, 124 results were reported as 'atypical' and were investigated – of these, early carcinoma was discovered in at least 34 cases (investigations are proceeding in some of the remainder).

ANTE-NATAL AND POST-NATAL CARE

Municipal staff do not undertake any direct part in the management of parturition per se but are involved in providing health care both before and after delivery to many persons, and in supervising private midwives who do manage parturition in a minority of the total number of deliveries taking place annually.

Ante-Natal Care

The Health Department works closely with the Provincial and private maternity Services operating in the Peninsula, referring many cases to the former and assisting with ante-natal care in some of the latter.

Attendances

During 1977 the fall in ante-natal attendances evident since 1974 continued (from 1967 – 1974 the annual average attendance was 44 397, this fell by 23%o in 1976 to 25 988 which in turn fell by 27%o in 1977 to 19 075).

The fall in attendances is almost entirely due to the greater number of referrals to the Peninsula Maternity Services group of hospitals and Day Hospitals although there was also a fall in the number of births (i.e. also of conceptions). See Figure 4.2.

During 1977 there were 2 200 clinic sessions held at 17 different centres (see Tables IV.6 and IV.7), although it should be noted that at the comprehensive Community Health Centres (Heideveld, Silvertown, Retreat, Lavender Hill, Kensington, Bonteheuwel, Manenberg and Hanover Park) it is possible for ante-natal patients to be attended to outside of the listed clinic session hours.

Private midwives were booked to attend 1 012 domiciliary deliveries (1 910 fewer than in 1976) and the majority of these expectant mothers attended Municipal ante-natal clinics – the midwives being encouraged to attend with their patients for consultation with the doctor.

There were 11 611 first attendances of new ante-natal cases (compared with 11 933 in 1976), but the majority attended only once and were then managed by the Provincial Maternity Services.

Langa and Guguletu : Attendances at ante-natal clinics totalled 1 631 at Langa and 2 131 at Guguletu during 1977.

These figures reflect a dramatic fall (see Table IV.6 and IV.7) which is in part occasioned by the greater number of referrals to the Day Hospitals and in part to the decrease in pregnancies.

The number of new attendances at Langa totalled 1 583 i.e. 98%o of the Notified Births in the area and at Guguletu totalled 1 167 i.e. 55%o of the Notified Births in the area.

Haematological Investigations

Serological screening (V D R L tests) for syphilis is done at the State Laboratory on samples submitted from the ante-natal clinics on most persons (except where further ante-natal care is to be provided by the Provincial Hospitals) and 2 470 such specimens were submitted in 1977 (4 Whites and 2 466 either Coloured, Asian or Black). Of these 515 were reactive to some degree (21%o).

Blood is also sent to the Blood Grouping Laboratory of the Provincial Administration for A, B, O and Rhesus grouping and for haemoglobin estimation on all patients not already referred to other centres.

Midwifery

While not offering facilities for delivery at Municipal clinics the Department does supervise all persons other

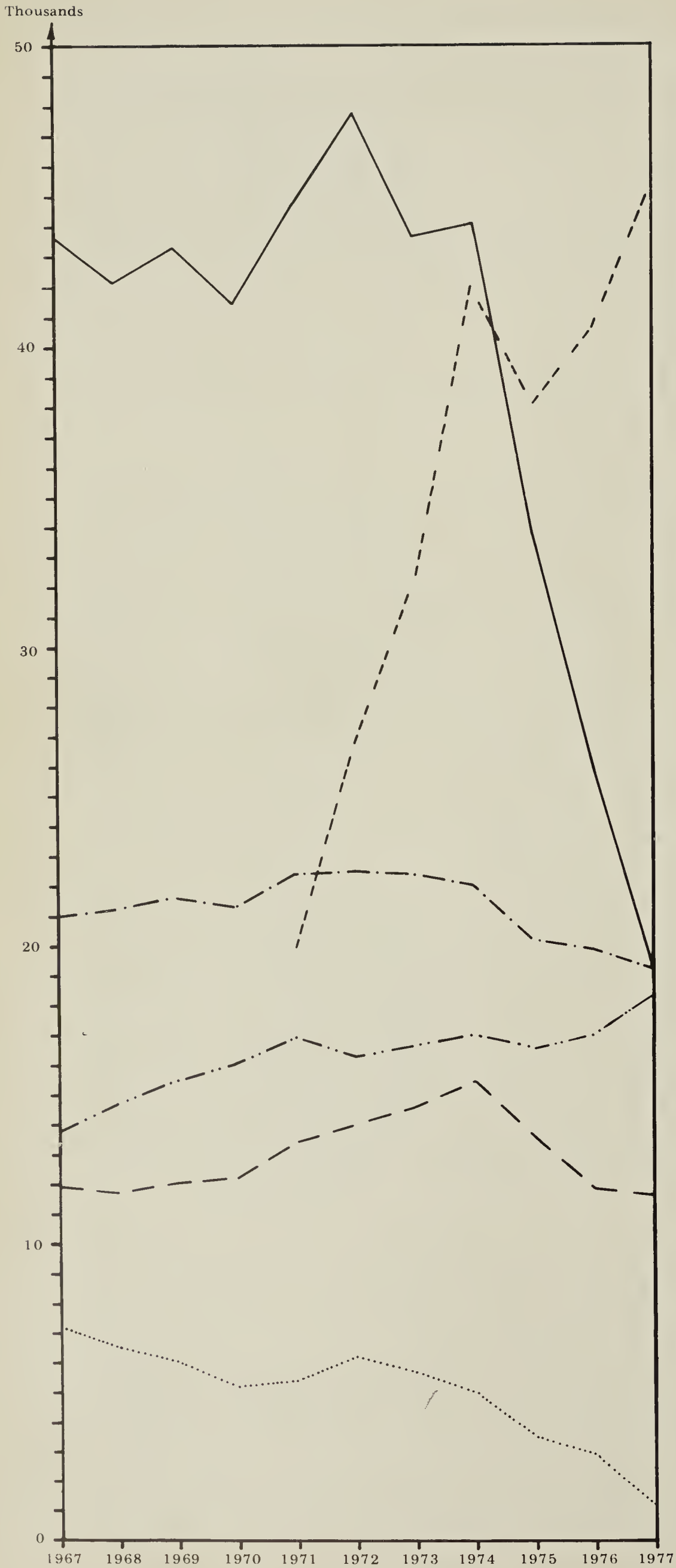


Figure: 4.2

THE RECENT FALL IN ANTE-NATAL CLINIC ATTENDANCES DISPLAYED IN RELATION TO THE NUMBER OF NOTIFIED BIRTHS, ATTENDANCE AT FAMILY PLANNING CLINICS, THE NUMBERS OF BIRTHS IN INSTITUTIONS AND THE NUMBER OF CONFINEMENTS BOOKED WITH PRIVATE MIDWIVES : 1967 – 1977*

(*from 1971 only because of changes to data collection)

Total attendances at ante-natal clinics

First attendances at ante-natal clinics

Total live and still births

Births in institutions or attended by institutional midwives

Confinements booked with Private Midwives

Individuals attending Family Planning clinics

than medical practitioners practising midwifery in the Municipal area (in terms of Section 18(b) of the Public Health Amendment Act, Act No. 15 of 1928).

There are 36 private midwives (34 trained midwives and 2 untrained who are registered with the S A Nursing Council).

Regular monthly meetings are held at various centres which afford the private midwives the opportunity of hearing lectures given by Obstetricians from the Medical School, University of Cape Town and at which the supervisor of midwives inspects the midwives records and equipment.

During 1977 the supervisor of midwives, who is a Public Health Nurse, made a total of 111 visits including those to 3 premature, 17 jaundiced (who were admitted to hospital if necessary after blood was examined for bilirubin) and 14 ophthalimia neonatorum cases; 9 visits to midwives in their own homes and 13 inspections held at meetings. Three midwives were interviewed at the office. Sixty-seven other visits were done.

Private midwifery fees are paid by the Department for approved indigent cases in areas not served by the Provincial District Midwives or midwives from the training school. An amount of R76,00 was so paid in 1977.

Post-Natal Care

Post-natal care is provided at Family Planning sessions (see above).

CHILD WELFARE

Scope of activities at child welfare sessions

During 1977 at the centres offering child welfare, immunisation and Family Planning these services were delivered simultaneously on a polyclinic principle.

At such clinic sessions mothers are advised on correct feeding practice and hygiene matters relating to infants and pre-school children. Dried milk is supplied as discussed below.

Neonates are medically screened for abnormalities and all babies attending child welfare are periodically screened for developmental anomalies.

Attendances at Child Welfare sessions

In 1977 there has been an increase in the total number of attendances at child welfare clinics. The average annual attendances 1967 – 1974 was 346 366, this fell by 11%o in 1975 to 307 214 which fell in turn by 4,7%o to 292 792 in 1976 (see Table VI.8) but increased by 18%o to 345 538 in 1977. The increase is thought to be due to the greater frequency and availability of services brought about by the change to the comprehensive polyclinic concept.

The number of sessions held (see Table IV.7) was 4 124 and of the 345 538 attendances recorded, 18 144 were new attenders (17 534 being aged less than one year of which 2 693 were White, 10 713 were Coloured, 139 Asians and 3 989 Blacks.

The new attendances of White infants under one year of age was equivalent to 93,7%o of the total number of White births notified during 1977 and for all other races combined the percentage of such Notified births represented by new infant attendances was 92,4%o (in 1976 these two percentages were 77,3%o and 88,4%o respectively). Separate immunisation sessions resulted in many more infants attending clinics, as given on page 50 .

A voluntary centre, the South African Mothercraft Training Centre (Lady Buxton Home) held 338 sessions at Bowwood Road, Claremont (381 new infants attended and there was a total of 3 047 attendances).

Langa and Guguletu : Attendances are detailed in Table IV.7 and IV.8.

Langa : There were 9 152 attendances at Langa in 1977 of whom 1 774 were new attendances which out-

numbered the 1 612 Notified Births in the area.

Guguletu : There were 21 425 attendances at Guguletu in 1977 of whom 2 503 were new attendances which also out-numbered the 2 122 Notified new births in the area.

Immunisation

A continued effort to keep up the community level of immunity to poliomyelitis, diphtheria, whooping cough, tetanus, smallpox, tuberculosis and measles is essential. Difficulty is still sometimes experienced in obtaining completion of the course of immunisation. There is a clear fall-off in attendances for 2nd and 3rd doses as compared with 1st doses administered and this necessitates much home visiting by the Public Health Nurses to persuade defaulting parents to bring their children to the clinic.

The recommended schedule of the State Health Department (from Health 183) is followed in broad outline (see Table IV.9).

Immunisation is offered by:–
(a) the child welfare staff at the vast majority of clinics as already indicated.
(b) an immunising team of nurses who visit clinics, institutions and schools.

A sophisticated mailing system (whereby postcards are addressed to parents once the infant has attained the age of three months, and which detail the need for immunisation by private doctors or at a municipal clinic) is made possible by reference to the records of birth Notification (see page 21).

(a) Poliomyelitis

Government Notice R1989 of 1963–12–27 made it compulsory for immunisation against poliomyelitis to be commenced within the three months after a child had attained the age of three months and to be complete within a period of twelve months from the date of the first dose. Immigrants were also prescribed as needing to be immunised and the service was proclaimed to be available free of charge to South African citizens and immigrants alike. Such free immunisation is available at special weekly sessions at 'Libertas' building as well as at all clinics where triple vaccine (D W T) is routinely administered.

Poliomyelitis immunisation was offered at 1 782 sessions (50 at school, and 1 732 other institutions and child welfare clinics) during 1977 and a total of 53 977 doses were issued (broken down by whether 1st, 2nd, 3rd or booster dose; by age and race groups (see Table IV.10). Figure 4,3 illustrates the number of complete triple dose poliomyelitis immunisations administered in relation to the number of births Notified over a five year period (1972 – 1977).

Langa and Guguletu : Table IV.11 illustrates the fact that at Langa only 549 and at Guguletu only 1 461 persons were fully immunised with a course of three doses of vaccine.

The age at which the first dose was administered reflects the fact that in Langa some 28^{0}/o and in Guguletu some 18^{0}/o of persons immunised were aged one year or older. This is most unsatisfactory as the first dose should be administered at three months, the second at 4^{1}/2 months and the third at six months of age.

(b) Diphtheria, Whooping Cough (Pertussis) and Tetanus Vaccine (DWT; DPT or "triple antigen")

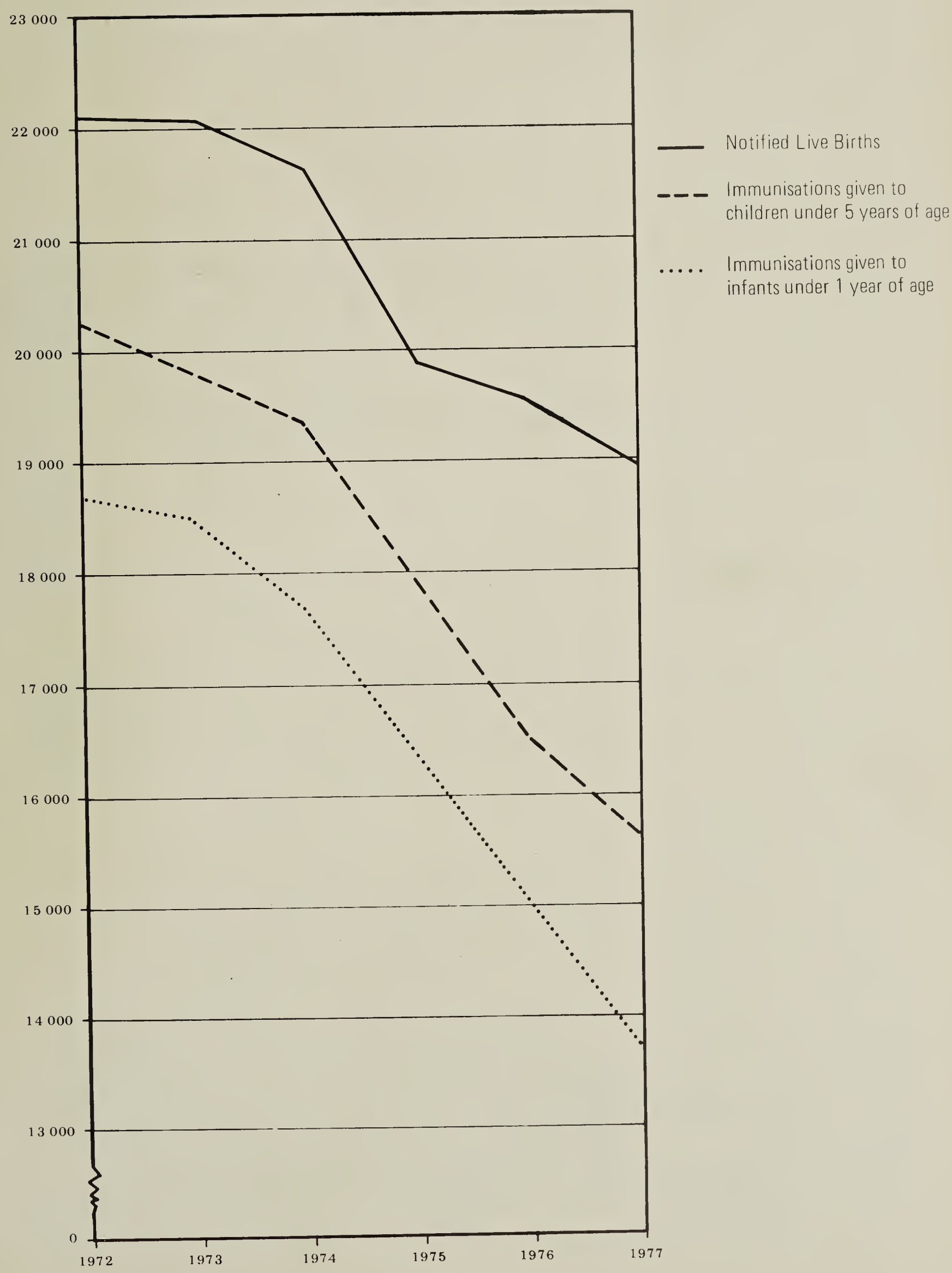
Such immunisations are not compulsory but are vitally important to the health of the child. The triple antigen in use in 1977 was that of the S A I M R and its administration is recommended at 3 months, 4^{1}/2 months and six months of age with a further booster dose at 18 months. Use of D T alone is advised for school entrants.

At 1 731 immunisation sessions (53 at schools and 1 678 at other institutions or child welfare centres) in 1977 a total of 85 360 injections of various combinations of D ± W ± T were administered (see Table IV.10 (b) and (c)).

First attendances in the under 1 year age group were equivalent to more than the total of Notified births for Coloured, 67^{0}/o Asian and 84^{0}/o Black births Notified during the year and to 92^{0}/o of White Notified Births (comparable percentages in 1976 were 94^{0}/o for Whites and 97^{0}/o for Coloured, Asian and Black.

Welcome at the Health Centres is friendly and helpful

Figure: 4.3 *THE NUMBER OF COMPLETE TRIPLE DOSE POLIOMYELITIS IMMUNISATIONS ADMINISTERED IN RELATION TO THE NUMBER OF NOTIFIED LIVE BIRTHS : 1972 – 1977*



In perusing these statistics it should be remembered that of the Notified Live Births many were dead or ill before reaching the age of one year – in 1977 there were 595 such deaths alone (equivalent to 3,1%/o of the total Notified births) of which 260 were Black, 309 Coloured, 2 Asian and 24 were White. In turn, of the 571 Black, Coloured or Asian deaths, 324 were aged less than three months so that the real penetration of the immunising service was even better than the crude percentages would indicate.

Langa and Guguletu : A similar pattern to that of poliomyelitis immunisation is apparent (see Table IV.11). The proportion of Notified births presenting for the first immunisation during the first year of life is poor. This is partly explained by infants being taken back to the Transkei etc. and by the high Infant Mortality.

(c) Smallpox

Vaccination was made compulsory by Government No. R 2197 of 1930–12–05 amended by No. R 1517 of 1974–08–30. During 1977, 12 191 persons (1 828 White and 9 298 Coloured, 995 Black and 69 Asian) were vaccinated at child welfare centres.

Langa and Guguletu : Vaccination of work seekers and infants is carried out by the Health Department. In 1977, 12 696 vaccinations and delousings were carried out at Langa for work seekers; 226 vaccinations were performed at the Child Welfare clinic at Langa and 693 at Guguletu

(d) Tuberculosis

B C G immunisation was made compulsory by Government No. R 1754 of 1973–09–28; except where the parent or guardian objects in writing, this must be commenced (i.e. given for the first time) within 6 months of birth.

Japanese Freeze dried B C G is supplied by the State Health Department; in previous years an unsatisfactory vaccine had been used and thus there has been need to re-immunise school entrants for the past few years.

39 713 B C G vaccinations were given during 1977 – 17 453 to infants and pre-school children (2 804 White, 11 005 Coloured, 102 Asian and 3 542 Blacks) and 22 260 to school age children (19 933 Coloured, 183 Asian and 2 144 Blacks).

B C G is administered percutaneously via 40 punctures to infants aged three months as a routine and also to Tuberculosis contracts who were tuberculin negative (see page 68).

Langa and Guguletu : 1 319 B C G vaccinations were administered at Langa and 2 135 at Guguletu during 1977 (equivalent to 81%/o of Notified births at Langa and more than the total of Notified births at Guguletu).

(e) Measles

A measles immunisation programme was begun in February 1974. Nearly 11 000 doses were administered to children in 1974, 10 100 in 1975, 11 469 in 1976 and 7 364 in 1977 (from June to December only). For the first six months of the year supplies were unobtainable. The objective of this Department is to administer over 30 000 doses annually for the next 4 years to protect all infants born in each of those years and to catch up on the existing backlog. The entire measles protection programme is continually under review.

Langa and Guguletu : Owing to the inability of the State Health Department to supply vaccine for the greater part of the year the Measles vaccination programme was seriously affected. Only 128 Langa and 560 Guguletu children were given measles vaccine in 1977.

Infant and Toddler Nutrition

Information on this subject is given to mothers at Child Welfare clinics. Breast feeding is encouraged, and instruction is combined with test feeds when necessary.

Where supplementary dried milk feeding is necessary, milk for this purpose is supplied at prices ranging from cost down to nothing, depending on the financial circumstances of the mother.

Personal Hygiene – from an early age

During the year 52 492kg of dried milk fortified with Vitimin D and supplemented with iron were sold at cost.

The pilot scheme started by the State Health Department in 1961 for the distribution of dried skim milk to necessitous toddler groups for the prevention of Kwashiorkor has been continued on a permanent basis. The City Health Department obtains the milk and distributes it; and in 1977 an amount of 64 760kg was distributed with the parent contributing as much of the City Council's share of the cost as possible.

4 735kg of skim milk powder provided by the Council were supplied to children at Council creches and nursery schools.

Without these schemes the state of infant nutrition in many cases would be parlous indeed.

Nursery Schools and Creches

This Department is involved in both the operating of a number of creches/nursery schools and in the inspection of private creches/nursery schools with a view to determining the suitability or otherwise of applications to licence or register such enterprises.

Municipal Creches/Nursery Schools

The activities of these institutions are controlled by the Nursery School Supervisor and are detailed in Table IV.12.

The Guguletu III creche was razed by fire in August 1976 and has not been replaced and that at Manenberg, which was only opened as recently as February 1976, was severely damaged by fire in September 1976 during the period of civil unrest. The damage was repaired during 1977.

The function of these municipal day care centres is to provide necessitous families and particularly families where a breadwinner may be smitten with illness e.g. T B etc., with the opportunity for the mother to add to family income by working, while at the same time providing a healthy psychological, social, physical and educational environment for the underprivileged child.

Private Creches/Nursery Schools

Persons wishing to establish creches or creches-cum Nursery Schools (premises caring for more than six children of pre-school age even if only for part of a day or on a few days a week) must:—

(a) Apply for a trading licence (in terms of the Registration and Licensing of Businesses Ordinance) from the Town Clerk. The Health Inspectorate reports on the suitability of the premises from a Public Health point of view.

(b) Register with either the Department of Social Welfare and Pensions (Whites), Coloured Affairs (Coloured), Bantu Administration (Black) or the Department of Indian Affairs (Asian).

Standard requirements of this Department are available on request.

Regular inspections of existing premises are made to ensure Health standards are maintained.

School Eye Clinics

An ophthalmologist, assisted by a Public Health Nurse and Clinic Nurse, was present at 237 ophthalmic sessions for school children held during 1977 and which resulted in 2 387 children receiving spectacles (attendances are detailed in Tables IV.7 and IV.13). New cases increased by 496 over 1976, and total attendance by 679.

Protected infants and other Social Welfare work

(a) Protected infants

Children under the age of seven years living with foster parents must be registered with the Commissioner of

Child Welfare of the district. He is empowered to nominate infant protection visitors to visit the foster home and make reports thereon — the Public Health Nurses of this Department have been so nominated and in 1977 were responsible for visiting 23 protected infants in the Cape Town and 74 in the Wynberg Magisterial districts.

Reports on these children must cover all psychological, social and physical aspects of the foster care being provided and, if they are adverse, these reports may result in the removal of the child to the care of a more suitable person.

(b) Other Social Welfare Work

A Social Worker is employed by the Department to assist the Public Health Nurses in this aspect of their work, and to this end she visits the clinics on a regular basis and is available for interviews in-between these visits.

Much work is done amongst unmarried mothers and their children, expecially where the mother is aged 16 years or less (in 1977 there were 37 White, 424 Coloured or Asian and 140 Black mothers in this category).

A total of 5 927 visits and 35 interviews (covering both non-institutionalised individuals and persons in institutions and case reviews; or hospitals) were conducted during 1977 which represents an increase in the Social Workers workload of 16%/o over 1976.

Close liaison is maintained with welfare organisations including the Society for the Protection of Child Life, the Afrikaanse Christelike Vroue-Vereniging, the Christelike Maatskaplike Raad and various State Departments.

TRAINING PROGRAMMES

The training of health personnel continued during the year within the cycle of courses geared to the development of promotive and preventive health services as a community asset.

In-service training was provided by the Department for medical students and student nurses, as well as student midwives, from seven training hospitals in the Municipal area. In addition, a continuous cycle of in-service training in preventive and promotive personal health services was provided for the Department's own staff of Public Health Nurses, Clinic Sisters and Nursing Assistants.

Where requested by Colleges of Advanced Technical Education, practical training of students from outside the service was undertaken by the Department during the students vacation periods.

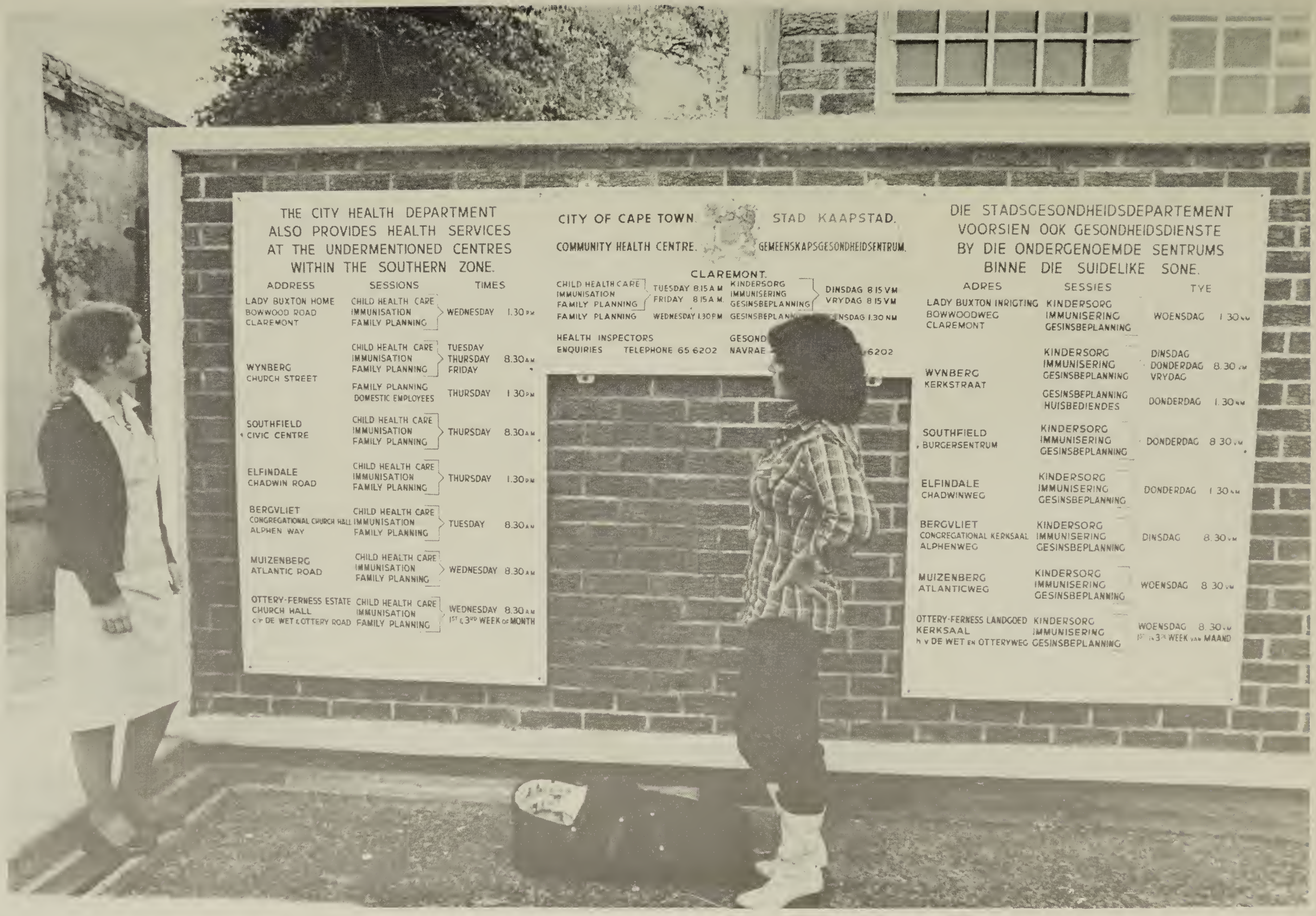
Formal training was provided for medical members of the staff undertaking post-graduate courses in Community Medicine, and also for other staff attending courses leading to the Diplomas in Public Health, Community Health Nursing, and to Certificates in Nursery School Teaching, Nursing Assistants and Enrolled Nurses.

Formal Training Courses

Course	Medical Post-Graduate Diploma in Community Medicine	Health Inspection Diploma in Public Health	Community Health Diploma in Public Health Nursing	Teaching Certificate in Nursery School Teaching	Nursing Enrolment as Nursing Assistant and Staff Nurse	Family Planning Certificate
Students	2	3	8	2	3	23

In-Service Training

Course	Medical Post-Graduate Diploma in Community Medicine	Nursing Preventive and Promotive Community Health Services	4th Year Medical Students U C T	Final Year Medical Students U C T	Induction	Secretarial	Supervisor's (Admin)
Internal Students		156			14	5	8
External Students	4	210	171	157			



Clinic networks cover the City Health Zones

GERIATRIC SERVICE

Since 1975 there has been a renewed awareness amongst the medical profession all over South Africa of the plight of the aged in the community. With the world trend being away from homes for the aged, it became necessary to keep the elderly healthy and happy in the familiar surroundings of the communities in which they lived. It has been conclusively shown that most of the afflictions of the aged were reversible and preventable and that morbidity could be drastically reduced if these afflictions were diagnosed and treated at an early stage.

Cognisant of its responsibilities towards the senior citizens of the City of Cape Town in the field of prevention, the Health Department, in 1975, set out to establish a geriatric screening service as an integral part of a comprehensive preventive and promotive health service at the first Community Health Centre at Heideveld township. Community Health Nurses, assisted by other nurses and Health Inspectors conducted a house to house survey of all persons over the age of 60, taking their names and addresses and noting any major physical, mental or social handicaps. The data obtained from this survey was analysed and later published in the South African Medical Journal.
(T.F. NEWMAN, S. Afr, Med. J., 51, 427 (1977)).

Thus the need for a Geriatric Screening Clinic was firmly established and on 1975–08–06 the first such clinic was held at Heideveld.

A fixed pattern for the running of the clinic was formulated. The Community Health Nurse, having obtained the names and addresses from the survey, would visit eight to ten persons in her area every week and invite and motivate them to attend the clinic and at the same time obtain a detailed personal, medical and socio-economic history which was recorded on a specially designed Geriatric Card.

It was found that most old persons suffered from more than one condition which could be easily treated at a General Hospital or at a Day Hospital – and they were therefore given letters of referral to these hospitals.

At the end of each clinic the patients were taken home by the Health Visitor. Subsequent home visits would ensure that all referrals were followed through and should any new problem arise, the patient could be brought back to the clinic in the same way.

Similar clinics were started at Silvertown on 1976–08–03, at Retreat on 1976–11–05 and at Lavender Hill in 1977, each being preceded by a house to house survey. These clinics proved highly successful and were readily accepted by the residents of these areas and have become one of the most popular components of the health service. Attendances during the year are detailed in Table IV.14.

Community Involvement

In each area a survey was also made of all churches, old age clubs and welfare organisations. These were invited to form a "VOLUNTARY WORKERS' COMMITTEE FOR THE ELDERLY" at each Community Health Centre.

Members of these Committees take turns in providing refreshments for the elderly at each clinic session. They also assist with home visiting and home help for deserving cases and provide escorts for some who have to attend various hospitals. The greatest contribution of these Committees, however, is in the provision of a chiropody service for the elderly, which for various reasons could not as yet be financed by the City Council. Through donations, cake and rummage sales these committees hope to provide this most essential and most welcome service until the City Council is able to appoint a chiropodist.

Future Development

A house to house survey is currently in progress at Kensington, and similar surveys and clinics are planned for the community Health Centres at Bonteheuwel, Netreg, Manenberg, Hanover Park, Parkwood, Wynberg and Mitchells Plain and in other areas where the need can be established.

DOMICILIARY VISITING

While a great deal of important work is performed at the clinics by the Public Health Nurses their really

vital task is to visit persons needing advice and assistance in their homes. Concurrently with the conversion of services to comprehensive polyclinic concept is a change in clinic records to the form of Family Folders. This means that a public health nurse visiting a home has at her disposal in one folder records relating to all members of this family.

Home visiting enables the Public Health Nurse to guide mothers in the care of their children in relation to the home. Routine visits should be made soon after the infant's birth and at least every three months thereafter during the first years of life. However, staff shortages often interfere with this ideal, especially as home visiting is also essential for other reasons such as for cases of notifiable or other infectious diseases; where there are socio-economic or other domestic problems; where some family member has defaulted on a clinic appointment for a variety of services; ante-natal and geriatric visiting.

The different visits made by Public Health Nurses are given in Table IV.16.

In comparison with 1976 there was a significant percentage increase in the visits made in connection with Gastro Enteritis (up 22%), Venereal Disease (up 21%) and immunisation defaulters (up 7%).

In comparison with 1976 there was a significant percentage decrease in visits by midwives (down 62%), follow up visits to Tuberculosis patients (down 55%), Geriatric visits (down 50%), new cases of Tuberculosis (down 19%), wasted visits (16% fewer), protected infants (down 12%). Family Planning, ante-natal, new births and miscellaneous Infectious Disease visits were all slightly down.

This fall is acceptable since it was accompanied by an increase in productivity.

HEALTH EDUCATION

The best public health facilities can only be fully effective if they are supported by a well informed and health conscious public. It is therefore necessary not only to provide essential services such as immunisation and family planning, but to educate the public to utilise them constructively.

It is the policy of this Department that all professional staff should be actively involved in health education programs, and staff in-service training in methods and techniques of Health Education again formed an important aspect of the work of the Health Education Branch.

In-service training of Staff

NO. OF LECTURES	NO. OF ATTENDANTS	STAFF DESIGNATIONS
6	22	Clinic Sisters
2	10	Doctors (Clinical)
2	4	Doctors (Registrars)

Cape College for Advanced Technical Education

Assistance was again rendered to the College by the Health Education Officer who gave a series of 10 lectures and demonstrations on principles and methods of Health Education and the construction and use of visual aids for 16 student public health nurses.

Nico Malan Nurses Training College

Lectures and demonstrations in methods of Health Education were given for 140 non-white student nurses and for 14 family planning field workers.

An additional lecture on Community health services was given for 65 nurses at the College.

Civil Defence

A series of evening lectures and film shows on first aid and health measures and precautions to be adopted in the event of civil unrest and emergencies were given for ratepayers by the Health Education Officer. Roneod copies of the lectures were made available as hand-outs for interested members of the public.

At Wingfield military camp, a lecture and film show on first aid was given for the wives of parliamentary and military officials as part of an educational program on civil defence initiated by the City Council.

Clinic and Community Health Centres

Throughout the year regular daily health talks, film shows and demonstrations on subjects of public health importance were given at all major Child Welfare and Tuberculosis Clinics.

Group discussions sessions were also held with patients on a variety of health topics, and subjects introduced included immunisation, nutrition, dental hygiene, accident prevention, family planning, infant care and feeding and infectious diseases.

Visual aids in the form of flannelgraphs are provided for use by the nursing staff at each clinic, and lectures given by the Clinic nursing staff were supported by film shows and demonstrations given by the Health Education staff.

Public Health Conference, Cape Town 1977–10–17 to 1977–10–20

Assistance was rendered to the Public Health Officials Association at their Annual conference which was this year held in Cape Town with the provision of boards and stencilled captions for the display of posters and with the screening of several of the Department's public health films and slides for guest lectures.

Health Education Symposium, Pretoria 1977–10–26 to 1977–10–28

The Health Education Officer attended the first national conference on health education as the delegate of the Cape Town City Council and was thus afforded the opportunity of keeping abreast of current trends and developments in the field of Health Education.

Hospitals

A close liaison in Health Education activities was maintained with the Day Hospital organisation, and assistance was rendered by the Department with the giving of lectures and film shows for patients attending the Day Hospitals. Several of the Department's health films were loaned to Tygerberg Hospital for transposing onto vidio tape and subsequent screening to patients on closed circuit T.V. at the Hospital.

Schools

Requests were again received for lectures and film shows on Public Health topics to be given at both primary and secondary schools in the Cape Peninsula, and lectures were given at 15 schools during the year. Subjects which proved most popular at the schools were smoking and lung cancer, mouth to mouth resuscitation, sex education and dental hygiene.

General

RED CROSS, WYNBERG	– An evening talk and film show on venereal diseases was given for members.
NATIONAL MEAT SUPPLIES	– Three illustrated talks on food hygiene were given for employees at the firm.
BONTEHEUWEL CLEANSING STATION	– A talk and film show on venereal diseases was given for non-white municipal employees.

Medical Association Booklets

Health booklets on a variety of health topics were obtained from Lay Publications and distributed to the public at Council Clinics, together with pamphlets on nutrition and dental hygiene produced by the Health Education branch.

The statistics in Table IV.15 reflect the Health Education lectures given by the Health Education and nursing staff during the year. They do not include health education advise and assistance given to individuals by doctors, nursing staff and health inspectors, which aspect also constitutes an important facet of the Health Educational services of the Department.

SECTION V – TUBERCULOSIS (TB)

Tuberculosis remains the greatest single communicable disease problem in Cape Town; it affects mainly the underprivileged and, despite major efforts at control, will remain a problem so long as sections of the Cape Town population remain exposed to infection and to the effects of malnutrition, overcrowding, ignorance, cultural apathy and general socio-economic deprivation.

As well as the cost to the patient and his family, both financially and in terms of personal suffering, the costs of the failure to prevent tuberculosis weigh heavily upon tax and ratepayers and justify continually growing expenditure on preventive measures.

The amount of ill health due to tuberculosis in Cape Town is gauged by means of the Notification of cases of the disease under the Health Act and is discussed below in terms of Morbidity data. Other sub-sections dealing with Mortality due to Tuberculosis and with Prevention follow. Various definitions of the terms used in this Section are given in the box below.

DEFINITIONS

"Incidence of Tuberculosis" – the number of Notifications received per year per 1 000 of the population.

"Prevalence of Tuberculosis" – the number of Notified cases still requiring treatment as at 1977–06–30 per 10 000 of the population (Note: (i) irrespective of when they were Notified (ii) this term does not refer to the prevalence of **infection**).

"Local cases" – persons resident in the Municipal area of Cape Town for at least six months prior to Notification as TB cases.

"Imported cases" – persons resident in the Municipal area of Cape Town for less than six months prior to Notification as TB cases.

"Out of City cases" – persons not resident in the Municipal area of Cape Town at all but whose tubercular illness was made known to the City Health Department because of local diagnosis of the condition or because of the entry of such patients to the Municipal area for purposes of treatment.

"Municipal area of Cape Town" – includes the Bantu Affairs Administration Board areas of Langa and Guguletu.

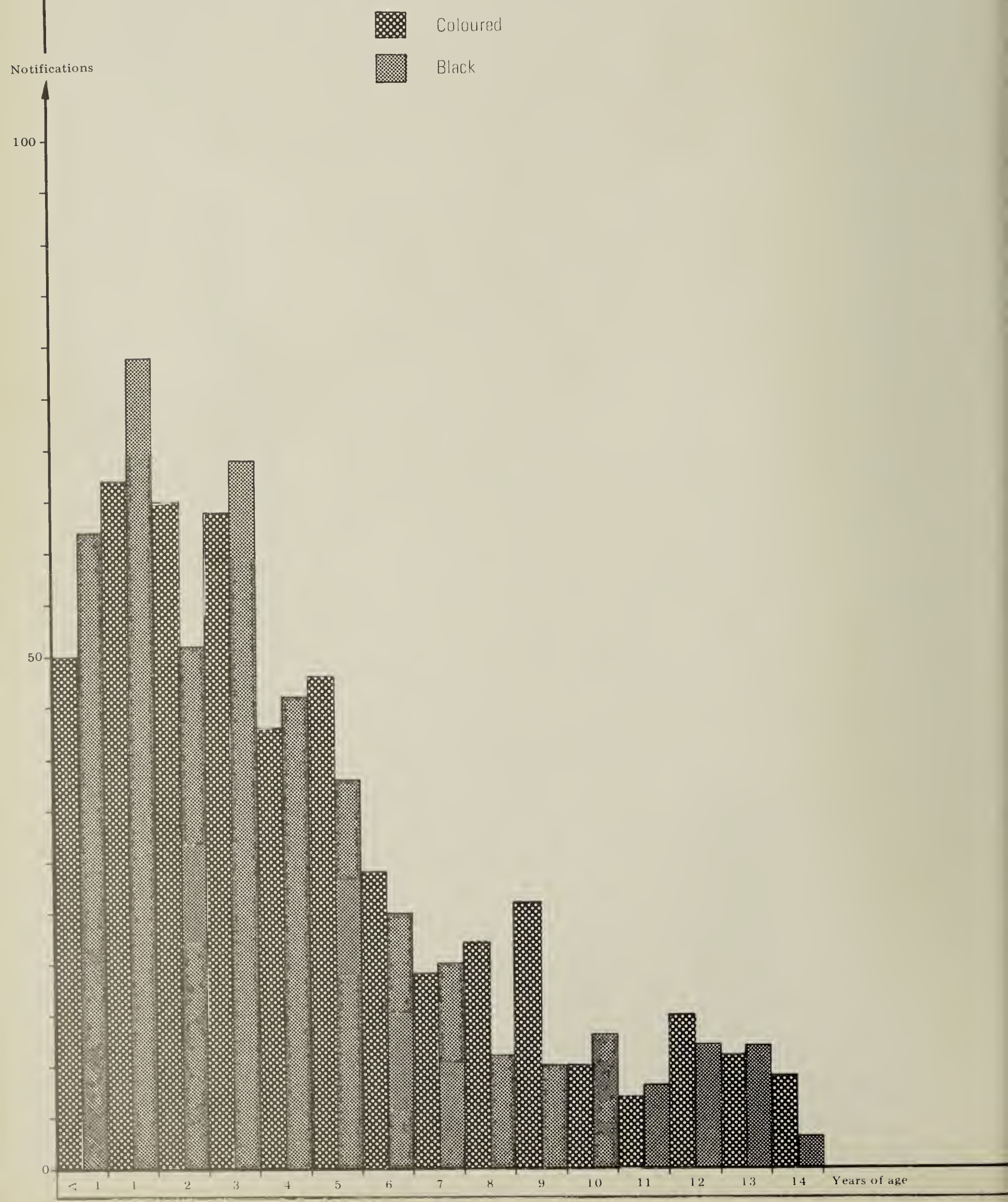
"Pulmonary Tuberculosis" –
(a) In previous years this has included only tuberculosis obviously affecting the lungs and pleura.
(b) As from 1976 the term has been used to describe tuberculosis of the lower respiratory tract, pleura and pulmonary lymphatic drainage system as well as recent tuberculin convertors such as tuberculin positive reactors under the age of five years who have not had B C G.

"Other forms of Tuberculosis" – means all forms other than pulmonary.

In discussing the problem of pulmonary tuberculosis as distinct from other forms of the disease it is necessary to refer to all cases infected via, and with the potential to spread the disease by, the pulmonary route. As is noted in the definitions this means that cases Notified on the basis of having 'Mediastinal glandular enlargement on x-ray' must be included as Pulmonary cases; this has not been so in previous years when such cases were classified as 'other forms – glands'. In the local situation, where bovine tuberculosis is extremely rare, recent conversion to a state of tuberculin positivity is indicative of infection via the pulmonary route (unless the person in fact has been given B C G) and thus cognisance must be taken of tuberculin positive reactors under the age of five years who have not had B C G, when describing the

Figure 5.1 *LOCAL AND IMPORTED NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) BY RACE AND AGE-GROUP : 1977*

Figure 5.2 *AGE AT NOTIFICATION OF ALL FORMS OF TUBERCULOSIS IN COLOURED AND BLACK CHILDREN UNDER 15 YEARS OF AGE: LOCAL AND IMPORTED CASES : 1977*



problem of pulmonary tuberculosis; such cases were included in the pulmonary tuberculosis group for 1976 and are for 1977 but were not so included in previous years. As a result of these changes to what is classified as pulmonary tuberculosis it is clear that great care must be exercised in comparing figures relating thereto for 1976/1977 and previous years.

MORBIDITY DUE TO TUBERCULOSIS

The amount of ill health due to Tuberculosis is gauged by study of the Notifications thereof made under the Health Act. The sheer number of such Notifications indicates the sum total of individual suffering and the load placed on health resources; the incidence and prevalence rates usually reflect the similarities or differences in the occurrence of tuberculosis in different population groups or in the same group over different time periods (although it may reflect the case-finding ability of the health service and changed criteria may make comparisons difficult). The importance of Notification cannot be overemphasised but the validity of data based thereon is nevertheless somewhat impaired by under-reporting and incidence rates based thereon do not indicate the number of new cases by time of onset of infection or disease but only by the time of diagnosis thereof.

ALL FORMS OF TUBERCULOSIS

Notifications received during the year (Table V.1 (a)) showed an increase for Local cases from 2 013 in 1976 to 2 149 in 1977, Imported cases decreased from 622 to 487. There were also 151 cases hospitalised from out of City areas in 1977 compared with 55 in 1976.

Langa and Guguletu : It is to be noted that some Coloured patients gave a Langa or Guguletu address. These cases are not included when calculating incidence rates etc. which have been compiled for Black Langa and Guguletu inhabitants only. (See Table V.1 (b)).

Of the total of 2 636 Cape Town Notifications, 24,7^{0}/o were Langa and 22,7^{0}/o Guguletu residents i e 47,4^{0}/o of all the new cases Notified in this City came from Langa or Guguletu.

However, of this total of 2 636 cases some 487 were residents of less than six months standing, i e were presumed to have been infected outside the Municipal area. 52^{0}/o of these 'imported' cases were found in Langa; 18,7^{0}/o in Guguletu and 29,3^{0}/o in the rest of the City (6^{0}/o in Blacks; 1,6^{0}/o in Whites and 21,7^{0}/o in Coloureds).

Age distribution of Notified cases is shown for 1977 (Local and Imported cases) in Figure 5.1. While 89^{0}/o of White, 61^{0}/o for Coloured, 71^{0}/o of Black, and 66^{0}/o Asian cases were adults (15 years or more), the age distribution under 15 years showed the classical preponderance of cases in the under five years age group. Black and Coloured Notifications are illustrated by year of age of the patient in Figure 5.2 which shows peaks for both at 1 year of age.

As demographic data is incomplete, age-specific incidence rates cannot be estimated for Blacks but using the data in Tables V.2 and V.5 as in Table V.3 such rates for Whites and Coloureds can be gauged. The lowest incidence rates of Tuberculosis (all forms) per 10 000 population were in the 10 to 14 years age group for Coloureds (8,4) and in both the 5 to 9 and 10 to 14 years age groups for Whites (0). The highest such rates were in the 0 to 4 year age group (38,6 for Coloured and 3,8 for White).

Race distribution of Notified cases is shown for 1977 (Local and Imported cases) in Table V.1. There were 1 331 Black (50,5^{0}/o), 1 224 Coloured (46,4^{0}/o), 74 White (2,8^{0}/o) and 7 Asian (0,3^{0}/o) cases. (N B: these figures differ slightly from those in Table V.5 for reasons discussed under Dr. Spiro's survey overleaf).

Sex distribution is shown in Table V.1 (b).

Incidence rates per 1 000 population are given for 1973 to 1977 (Local cases only) in Table V.2 by race. In Whites the incidence of 0,26/1 000 population was higher than the average of 0,17 for the past five years. In Coloureds the rate of 2,26 was higher than the five year average of 1,65. The Asian rate of 0,62 was also higher than the average of 0,33 while the Black rate of 9,29 was slightly higher than the average of 8,45 over five years.

Prevalence of Tuberculosis (all forms). The number of Notified cases of Tuberculosis (Local and Imported)

still requiring chemotherapy has been roughly estimated by assuming an average period of treatment of 18 months, discounting any deaths due to the disease and calculating the prevalence rate per 10 000 population from the total Notifications received in 1976 and half those received in 1977 (see Table V.4).

There were, as at 1977–06–30, 4,8 Asian; 4,0 White; 33,5 Coloured and 212,3 Black Local and Imported Notified cases of Tuberculosis (all forms) still requiring chemotherapy (whether infective or not) per 10 000 of each population group. There was one such case for every 47 Black, 299 Coloured, 2 083 Asian and 2 500 White residents.

Discounting race there was a prevalence of 45,6 cases per 10 000 population or one such case for every 219 Municipal residents.

The Pattern of Occurrence of Tuberculosis by Age, Race, Sex and Corrected Diagnosis of the form of the disease

Study of Notification data yields valuable information but is hampered by inaccuracies in the initial diagnosis. Many cases are Notified merely as "TB" or "Pulmonary TB" and the pathology present is not indicated. In order to obtain as accurate a picture of the occurrence of Tuberculosis in Cape Town during 1977 as possible, all Notified cases were reviewed by a single researcher (Dr Spiro, Principal Medical Officer) and the results collated in Table V.5.

As corrected diagnosis made on the basis of the clinical and radiological presentation at the time of Notification was made in respect of 2 646 cases in accordance with the criteria in the box below.

Classification of Tuberculosis cases by clinical/radiological presentation on Notification

Group		*Description*
A	–	Tuberculin test positive in children under the age of 5 years with normal chest x-ray and without history of B C G vaccination.
B	–	Primary complex or mediastinal glands.
C	–	B + Parenchymatous extension (= progressive Primary).
D	–	Miliary tuberculosis.
E	–	"Coarse miliary" which is difficult to distinguish from extensive bilateral bronchogenic spread with nodularity.
F	–	Pleural effusion.
G	–	Adult type post primary tuberculosis with cavitation without evidence of marked glandular enlargement and with adult type distribution.
X	–	Extrapulmonary tuberculosis.
		XT = Tuberculous meningitis.
		XO = Orthopaedic tuberculosis.
		XX = Others.

NB. Combinations must be coded as such but emphasis given to the more serious presentation.

The cases reviewed (incidence figures per 10 000 population per year in brackets) included 7 Asian (6,16 per 10 000 population), 74 White (2,88 per 10 000 population), 1 232 Coloured (24,87 per 10 000 population) and 1 334 Black (129,51 per 10 000 population) persons. (The total of 2 646 included 10 later classified as 'out of City' cases).

Tuberculosis in Asians

The Asian population of Cape Town is a small, relatively affluent group. The seven cases of tuberculosis however represent an incidence twice as high as that in Whites.

Because the number of cases is so small, more detailed analysis is not of statistical significance. It is of interest however that there were 3 males and 4 females; 3 children and 4 adults; 4 were early pulmonary cases, 2 adult-type pulmonary tuberculosis and 1 'other' form.

Tuberculosis in Whites

The 74 White cases were evenly distributed between the sexes (38 male to 36 female) but 16 of the 26 cases aged 55 years or more were male (however 3 female cases were of undertermined age and probably fell in this age group).

There were only 8 cases (10,8%) under the age of 5 years and 6 of these had only a positive tuberculin reaction. There were no cases aged 5 – 14 years.

Of the 66 adult cases (aged 15 years or more) one had Primary tuberculosis, 5 had pleural effusions only, 56 had adult type pulmonary TB alone, one had adult PTB and an effusion, one had adult PTB and 'other TB', one had miliary and orthopaedic TB and one had 'other' TB only.

Tuberculosis in Coloureds

While Coloured males account for only 47% of the total Coloured population the 634 male tuberculosis cases comprised 51,5% of the 1 231 cases reviewed.

Although males were more affected overall, there was very little difference in the under 5 year age group (50,5% male 49,5% female) and in the 5 to 14 year age group females far outnumbered males (39,8% male and 60,2% female). The overall male preponderance was due to the experience of adults (15 years or more) where males showed an accelerating increase with age over 25 years although in the young adult group of 15 to 24 years females were still markedly more affected than males.

In the 289 children aged less than 5 years (23,48% of all Coloured cases) a fairly high proportion (60,9%) were diagnosed on the basis of tuberculin reaction alone (21,11%) or because of Simple Primary tuberculosis (39,79%). The discovery of this number of affected children at such an early stage is regarded as a success on the part of the case-finding health service.

Less satisfactory was the diagnosis of progressive primary disease in 22,84% of the cases (0,69% also having a pleural effusion and 0,35% 'other' tuberculosis).

While not a single Asian or White child in this age group had adult-type pulmonary tuberculosis, 13,15% of the Coloured children were so diagnosed (1,04% also had tuberculous meningitis and 0,35% 'other' tuberculosis).

1,04% had miliary tuberculosis and 1,73% had tuberculous meningitis (including the 1,04% who also had adult type pulmonary tuberculosis).

0,69% had orthopaedic tuberculosis only and 0,69% had 'other' tuberculosis only.

(**Note:** rounding off of percentage points in the above resume results in a total of 99,7% of the 289 cases).

There was no significant sex difference between cases with either relatively early or later pathology.

In children aged 5 to 14 years The 196 cases reviewed represent only 40,4% of all Coloured cases under 15 years of age although the group at risk is over twice the size of the under 5 year age group (which contributed 59,6% of these cases). The relative resistance of children in this age group is well known.

Males were much less affected than females as already mentioned.

Overall 66,84% of children in this group had simple and 14,29% progressive primary disease.

3,06%o had pleural effusions (0,51%o with 'other' tuberculosis) 0,51%o had a 'coarse miliary' chest x-ray and 10,71%o had adult-type pulmonary TB.

2,55%o had tuberculous meningitis 0,51%o had orthopaedic and 2,04%o had 'other' tuberculosis (including the case with a pleural effusion too).

In adults aged 15 years or more the 746 cases reviewed comprised 60,6%o of all Coloured cases. 659 (88,34%o) had a typical adult PTB x-ray, 30 (4,02%o) had pleural effusions and 15 (2%o) had both; 4 (0,54%o) had simple primary TB; 5 (0,67%o) had miliary TB (1 with a pleural effusion and one with 'other' TB).

4 (0,54%o) had coarse miliary TB; 4 (0,54%o) had adult PTB and 'other' TB; 1 (0,13%o) had TB meningitis and a coarse miliary chest x-ray; 9(1,21%o) had orthopaedic TB only and 16 (2,15%o) had 'other' TB .

(**Note:** rounding of percentage points leads to the total of above = 100,14%o).

54,96%o of this group were male and 45,04%o female.

Of the 21 cases with 'other' TB (with or without listed forms) 15 (71,43%o) were female, indicating the importance of genital tuberculosis in the female.

Males comprised an increasing percentage of the adult cases with increasing age e g 15 to 24 years – 38,89%o; 25 to 34 years – 48,85%o; 35 to 44 years – 62,14%o; 45 to 54 years – 70,64%o; 55 and more years – 76,25%o were male.

Tuberculosis in Blacks

Black males outnumber Black females 1,8:1 in Cape Town according to semi-official population estimates for 1977 (see Table V.5), hence it is not surprising that male Tuberculosis cases (798) accounted 59,82%o of the total of 1 334 Black cases reviewed and female cases (536) only for 40,18%o.

In fact, Tuberculosis Notifications could be used to estimate the number of females resident in the area without official knowledge or sanction. There is no reason to presuppose a gender differential in the incidence of Tuberculosis in Blacks as this does not occur in Whites, Coloureds or Asians. Using the formula Female population = male population x $\frac{\text{Female TB cases}}{\text{Male TB cases}}$ it could be calculated that there are 11 000 more Black females in the City than officially recognised, giving a total Black population of 114 000 for 1977.

In children aged less than 5 years males (142 cases) actually accounted for only 46,25%o of the 307 cases reviewed.

Only 14,66%o (45 cases) were diagnosed on the basis of a positive tuberculin reaction alone and 29,64%o (91 cases) on the basis of simple Primary Tuberculosis. That is, only 44,3%o had early tuberculosis whereas in the comparable Coloured group 60,9%o were as mildly affected.

32,9%o (101 cases) had progressive primary disease, including 2 cases (0,65%o) with pleural effusion and 2 (0,65%o) with 'other' tuberculosis. This figure was much higher than in the Coloured group and indicates delay in diagnosis (i e in case-finding).

Very disturbing was the presence of adult-type pulmonary TB in 17,59%o (54 cases) which figure was also higher than in the Coloured group.

1,95%o (6 cases) had miliary tuberculosis, including 2 cases (0,65%o) who also had tuberculous meningitis.

The total with tuberculous meningitis was 1,95%o (6 cases), including the 2 mentioned above.

0,98%o (3 cases) had pleural effusions including the 2 cases (0,65%o) included under progressive primary above.

0,65%o (2 cases) had orthopaedic tuberculosis with progressive primary disease and 1,63%o (5 cases) had

'other' forms of tuberculosis (2 of these had simple and 1 progressive primary tuberculosis as well).

The pattern of occurrence of tuberculosis in Black children under the age of 5 years is thus seen to be more serious than in the other race groups, not only in terms of numbers but as regards the advanced state of the pathology.

In children aged 5 to 14 years the 152 cases reviewed represent only 33,12%/o of all Black cases under the age of 15 years.

It is possible that school age children do not comprise as large a proportion of the community as is the case in Coloureds owing to the much higher wastage of child life in Blacks and to the practice of mothers to return with their children to tribal areas. Nevertheless this age group is known to be relatively insusceptible to Tuberculosis and the low number of cases is not surprising.

Males (72 cases) accounted for only 47,37%/o of the cases in this group.

46,05%/o (70 cases) had simple and 21,05%/o (32 cases) had progressive Primary disease. (two of the former and one of the latter cases had 'other' tuberculosis as well).

2,63%/o (4 cases) had pleural effusions, 0,66%/o (1 case) had 'coarse miliary' disease and 26,97%/o (41 cases) had adult-type pulmonary TB.

1,32%/o (2 cases) had tuberculous meningitis and 0,66%/o (1 case) had orthopaedic tuberculosis.

1,97%/o (3 cases) had 'other' tuberculosis (including the case mentioned above who also had progressive primary disease and the two who had simple primary disease).

(**Note:** Percentage point rounding leads to a total of 99,34%/o in the above summary).

As in the younger children, Blacks aged 5 to 14 years had more advanced disease upon Notification than in any other race group.

In adults aged 15 years or more the 875 cases reviewed comprised 65,59%/o of all Black cases. Males comprised 66,74%/o of these cases – many being Notified as a result of pre-employment screening, which case-finding measure has less application to females.

87,89%/o (769 cases) had only adult type pulmonary TB;
6,06%/o (53 cases) had pleural effusions, including 4 cases with progressive Primary disease, 27 with adult-type pulmonary TB and one with 'other' tuberculosis.

0,69%/o (6 cases) had simple and 0,34%/o (3 cases) progressive primary disease only.

0,57%/o (5 cases) had miliary TB (including 2 cases with Tuberculous meningitis) and 0,69%/o (6 cases) 'coarse miliary'.

0,34%/o (3 cases) had Tuberculous meningitis (including the 2 cases with miliary TB).

1,37%/o (12 cases) had orthopaedic tuberculosis including one with adult type pulmonary TB not mentioned above.

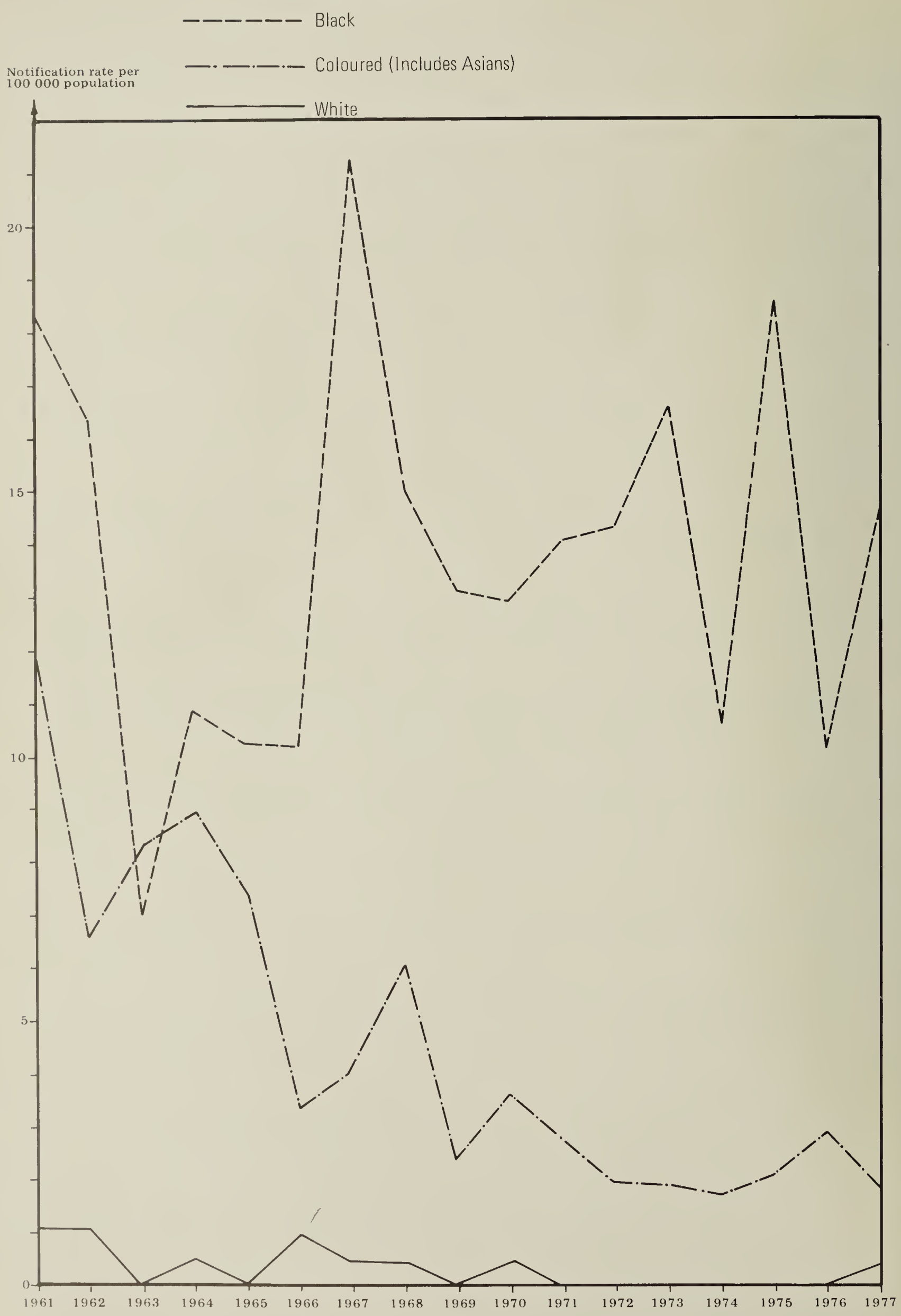
2,4%/o (21 cases) had 'other' tuberculosis including one case with a pleural effusion (mentioned above) – 4 with adult-type pulmonary TB and one with simple primary TB (the last 5 not mentioned above).

(**Note:** Rounding of percentage points in the above review leads to a total of 100,01%/o).

91,77%/o of the 875 cases had adult-type pulmonary TB with or without other classifiable features.

6 female and 13 male cases had 'other' tuberculosis alone or with another classifiable diagnosis – this is the reverse of the situation found in the Coloured adults.

Figure 5.3 *NOTIFICATION RATES PER 100 000 POPULATION OF TUBERCULOUS MENINGITIS, BY RACE : 1961 – 1977*



The percentage of each ten year age group of cases who were male increased markedly with age but fell slightly again over 55 years:–

15 to 24 years – 46,24%; 25 to 34 years – 61,14%; 35 to 44 years – 71,07%; 45 to 54 years – 84,93% and 55 years or more – 75%.

PULMONARY TUBERCULOSIS

The number of Pulmonary forms notified rose from 1 972 in 1976 to 2 067 in 1977. (See Table V.6).

The differences between race groups remained striking i e there were for Asians 0,53; Whites 0,24; Coloured 2,18 and for Blacks 8,91 Notifications of Pulmonary Tuberculosis per 1 000 population in 1977.

Langa and Guguletu : Pulmonary Tuberculosis is of particular importance as it is infectious. Table V.6 reveals that the inhabitants of Langa were the most severely affected, with 11,8 Notifications per 1 000 population in 1977 (compared with the Whites who were least affected with only 0,24 Notifications per 1 000 population in 1977).

OTHER FORMS

Details of the forms involved are given in Table V.7.

Notification rates are detailed for 1977 and the previous four years in Table V.2.

Tuberculosis Meningitis (TBM)

A decreased incidence of this conditions is said to be one of the major benefits of B C G immunisation and to reflect adequate control measures against Tuberculosis. As will be seen from Figure 5.3 the incidence rates per 100 000 population since 1961 for Whites have been very low. In Coloureds the progress made by 1974 has not been continued, which calls for further investigation. In Blacks the disease has not been controlled at all but the main reasons (high exposure to infection, very poor socio-economic circumstances and logistic difficulties in tracking down new births when the mothers are often 'illegally' present) are not easy to tackle.

Langa and Guguletu : Table V.11 indicates the Notifications and deaths and the respective rates per 100 000 population for the various race groups over the past ten years as regards Tuberculous Meningitis. The incidence in Blacks remains unacceptably high.

For 1977, the 17 cases Notified in Blacks came from Langa (8), Guguletu (7) and the rest of the City (2).

MORTALITY DUE TO TUBERCULOSIS

In general Mortality due to tuberculosis remained low but it remains a major cause of death in Blacks and to a lesser extent in Coloureds. (See Figures 3.8 and 3. 9). The death rates quoted below are the number of deaths due to tuberculosis registered during 1977 per 1 000 of the population indicated. The **Mortality** of Tuberculosis does not reflect the fate of new cases in any year but rather the terminal stage of infections which could have occurred at any time in the past. It thus reflects past, as well as current, failure to prevent, treat and cure.

ALL FORMS

The death rates due to all forms of tuberculosis combined are summarised in Table V.8 which shows a slow and steady fall in the death rate for the population as a whole.

Langa and Guguletu : In Langa the 32 deaths represent a death rate of 98,9 per 100 000 population per year.

In Guguletu the 32 deaths represent a death rate of 56,8 per 100 000 population per year.

There were eight Black deaths due to Tuberculous meningitis in 1977.

PULMONARY TUBERCULOSIS

The numbers of deaths and death rates are detailed in Table V.9 for 1977 and the preceding year. While the number of deaths remained small in Whites it was twice that in 1976 (9 as against 4 deaths). Coloured deaths increased from 71 to 74; Black decreased from 75 to 68; and there were two Asian deaths.

The death rates due to Pulmonary Tuberculosis are shown in Table V.10.

OTHER FORMS OF TUBERCULOSIS

The numbers of deaths due to various forms of tuberculosis other than PTB are detailed in Table V.7 for 1977 – it will be seen that tuberculous meningitis is the only other significant cause of death and the numbers of deaths and death rates due to these deaths are detailed in Table V.11 for 1960 to 1977. The 1977 Death rate of 0,79/100 000 for Coloureds (including Asians) was close to the ten year average of 1,2 (1968 to 1977). In Whites there were no deaths and in Blacks the 1977 figure of 5,83 was close to the ten year average of 5,67.

Deaths due to TB other than PTB but including TBM are given for 1973 to 1977 in Table V.10 and do not show either an upward or downward trend.

PREVENTION OF TUBERCULOSIS IN CAPE TOWN

PRIMARY PERVENTION

Nutrition education and general health education regarding the disease are important general measures taken. The infectious pool is continually being renewed by the migrant labour force entering Cape Town from the Homelands and without the abolition of the migrant labour system it is difficult to envisage how this situation can be improved. Until the socio-economic status of the depressed classes of Cape Town society is improved, particularly in respect of housing and nutrition, concerned health officials must continue to strive to secure such relief.

Specific protection of up to 80%o of previously unexposed persons can be obtained by means of immunisation with B C G vaccine (Bacille Calmette – Guérain) and this is offered free in terms of the compulsory regulations mentioned on page 48. In 1977, 18 087 school children and 17508 pre-school children were given such protection as part of the mass immunisation programme.

Langa and Guguletu : In 1977, 3 454 B C G vaccinations were carried out in Langa and Guguletu.

SECONDARY PREVENTION

Diagnosis

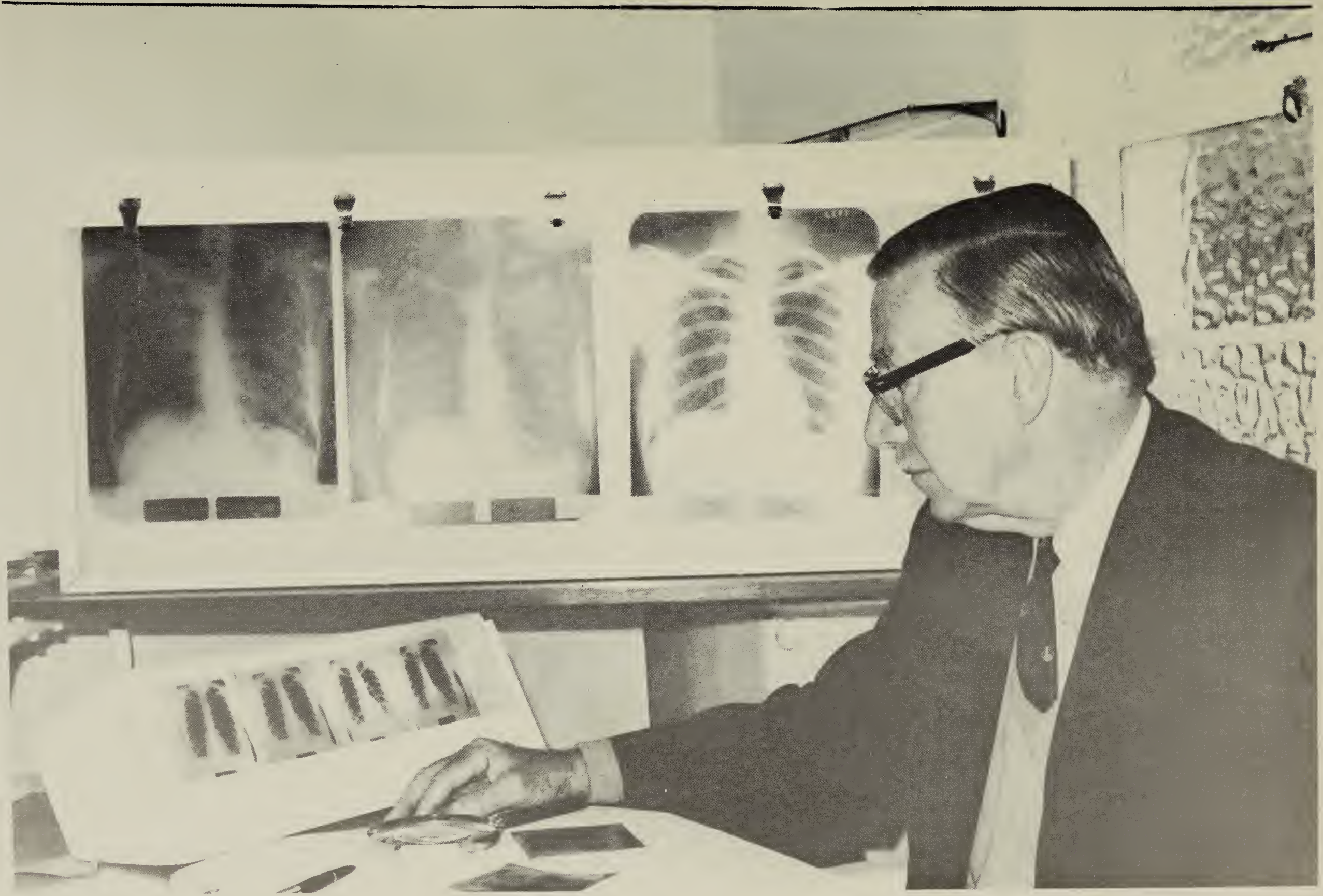
Efforts to diagnose cases of tuberculosis as early as possible are directed mainly at those groups in the community most likely to be affected, namely those who have been in contact with known cases and those who have suspicious symptoms. In addition mass screening for tuberculosis is performed.

Suspects are referred to the City Health Department by many different health services, private and public. In 1977 of the total of 2 787 local and imported Notified cases, 232 were Notified by private practitioners, 1 529 were Notified by general hospitals and other institutions; other local authorities Notified 65 and the City Health Department Notified 961 (many of whom had been referred to clinics as suspects).

The fate of persons attending City Council clinics as suspects is detailed in Table V.12, 24%o of all such suspects were Notified after investigation.

Contacts comprise the most important high risk group to be investigated and in 1977 there were 5 101 such contacts investigated at City Council clinics of whom 7,2%o were later Notified as cases of Tuberculosis. Only 1%o of White contacts were later Notified, compared with 7,7%o of contacts of other races. Staff in contact with cases of active tuberculosis are subject to regular routine screening.

Mass x-ray screening facilities continued to be offered at the Chapel Street Clinics as a free service to



Skilled interpretation of Chest radiographs in dealing with tuberculosis

Municipal residents and at Langa as a free pre-employment screening service operated on behalf of the Bantu Affairs Administration Board. The work done at Chapel Street is summarised in Tables V.13, V.14 and V. 15 and at Langa in Table V.16.

Although the case-finding yield per hundred thousand x-rays is relatively small, it must be emphasized that a large proportion (over 10%o in 1976 and 5%o in 1977) of all notified cases are discovered by this means.

Out of a total of 60 158 examinations a Chapel Street, 120 cases of active pulmonary Tuberculosis were discovered, however 19 were previously known which leaves a 'new case' discovery rate of 101/60158 examinations or 0,2%o. These Notifications however amounted for 3,6%o of all (local and imported) notifications received during the year.

Langa and Guguletu : The marked fall in the number of persons examined is due to the fall off ir demand for workers due to the recession and to the destruction by fire of the x-ray building in 1976. Of all 7 508 persons screened only 0,5%o were discovered to be new cases of Pulmonary Tuberculosis in 1977 (contributing 1,4%o of the total Local and Imported Notifications). A further 1,2%o were previously known cases.

Of the 383 persons recalled because of the need for further examination 78 (over 20%o) failed to attend and could well have been suffering from the disease.

Treatment

Hospitalisation has many theoretical advantages but in practice many of these are not in the best interest of either the patient or the community. Admission is usually restricted to cases where the patient:—

(a) Has moderately severe symptomatology (high fever, severe weight loss and weakness, haemoptysis) which require a period of bed rest, provided that the patient himself agrees that he feels the need for rest.

(b) Has an associated condition which would be better treated in a hospital, especially if this constitutes an adverse aetiological factor in the causation of Tuberculosis.

(c) Has no source of income, no family or friends to care for him and/or no roof to sleep under. Steps to correct such a state of affairs must be set in motion at once (see TERTIARY PERVENTION and social aid below).

(d) Is sputum positive and by virtue of occupation or domicile (e g resident master at school, nursemaid living-in etc.) would otherwise be placed in close contact with susceptible persons. (This does not apply to to persons diagnosed as being sputum positive who continue to live in accommodation occupied by friends or family who have in any event been exposed to infection up until the time of diagnosis).

Patients are admitted to the City Hospital (see Chapter VIII) or the Brooklyn Chest Hospital. Every possible step to retain the patient as a functioning member of society needs to be taken and it will be seen from Table V.17 that in 1977 of the 2 067 local residents notified as having pulmonary tuberculosis only 664 (32%o) were admitted to hospitals for commencement of therapy. Of the 475 Notified persons resident here for less than six months, only 189 (40%o) were so admitted. Out-patient thereapy was offered to the remainder with the advantages to an individual patient of being able to continue working, remain with the family, not having to put up with the boredom of institutional life and remaining much more a master of his own destiny.

Considerable support is needed from the clinic staff to ensure that continuation of therapy is made as simple, easy and pleasant as possible for the patient.

Langa and Guguletu : 41,1%o of Langa and 37,8%o of Guguletu cases were admitted to hospital.

2%o of Langa and 3,3%o of Guguletu cases died before treatment could be initiated.

52,4%o of Langa and 54,8%o Guguletu cases were started on out-patient treatment from the beginning.

4,5%o of Langa and 4,1%o of Guguletu cases were lost after diagnosis and not treated.

Following the civil unrest in 1976 during which one of the clinics was razed by fire (Guguletu III) and minor damage was occasioned to the other clinics, all patient records were moved to Chapel Street for safety. For the duration of 1977 Langa and Guguletu patients were required to attend at centres outside the Bantu Affairs Administration Board areas so that no attendance figures can be given for this year.

During 1977 out-patient clinics were held at eleven different centres (see Table V.18 which details new consultations and total attendances thereat) the number of new consultations at the clinics was, at 10 836, 1 091 lower than the previous year, while the total attendances were some 4%o lower at 69 581 compared with 72 364.

New clinic services were offered at Hanover Park, Bonteheuwel and Manenberg.

The total number of sessions held (see Table V.18) declined from 1 163 in 1976 to 1 010 in 1977 (13,2%o). (The average number of persons attending per session was 65,5 in 1975, 62,2 in 1976 and 68,9 in 1977).

The spectrum of cases attending for the first time is detailed in Table V.12 and the x-ray workload at the clinics in Table V.19.

The place of care of all the new notifications made in 1976 and the reasons why any did not attend the clinics, are detailed in Table V.20.

In respect of local cases:—

It was disturbing to note the large number of persons who were dead on notification — 68 as compared with 71 in 1976, 52 in 1975, 15 in 1974, 43 in 1973, 12 in 1972 and 35 in 1971. Also disturbing was the refusal of six persons to attend the clinic for treatment — compulsion in such cases is hardly likely to be successful when the success of treatment depends so much on patient co-operation.

The most disturbing feature of all was the fate of 80 persons notified but who were untraceable or who decamped upon being notified. This problem applied to 6,5%o of the notifications of persons giving a Langa address and 2,4%o of persons giving another Cape Town address.

The problem at Langa is that most of the missing notified cases were persons whose disease was discovered by mass x-rays of a 'pre-employment' nature. These persons very often have no accurate address and may be recorded as being "SAR" (South African Railways) or some other huge employer of labour where it is well nigh impossible to trace someone whose name may also have undergone a spelling change in the meantime.

No new drugs were introduced in 1977 which had not previously been used. The State Health guide to Chemotherapy (ref. Jan. 1975) was followed and in general the preferred regime for the initial intensive (I.I.T) period of some 3 — 4 months in most cases was Streptomycin. INH and either ethambutol or ethionamide for children or pyrazinamide for adults.

Rifampicin was not used very widely and use of this drug should be expanded (under strict control and provided financial resources are available) in the next few years.

We await the great interest published work on trials of intensive short-course Chemotherapy in South African communities and although definite recommendations in this regard have been made for the United Kingdom we have maintained a conservative approach during 1977 in line with State Health Department restrictions on the use of this drug.

The number of streptomycin injections given at the various clinics in 1977 and 1976 are detailed in Table V.21 and V.22.

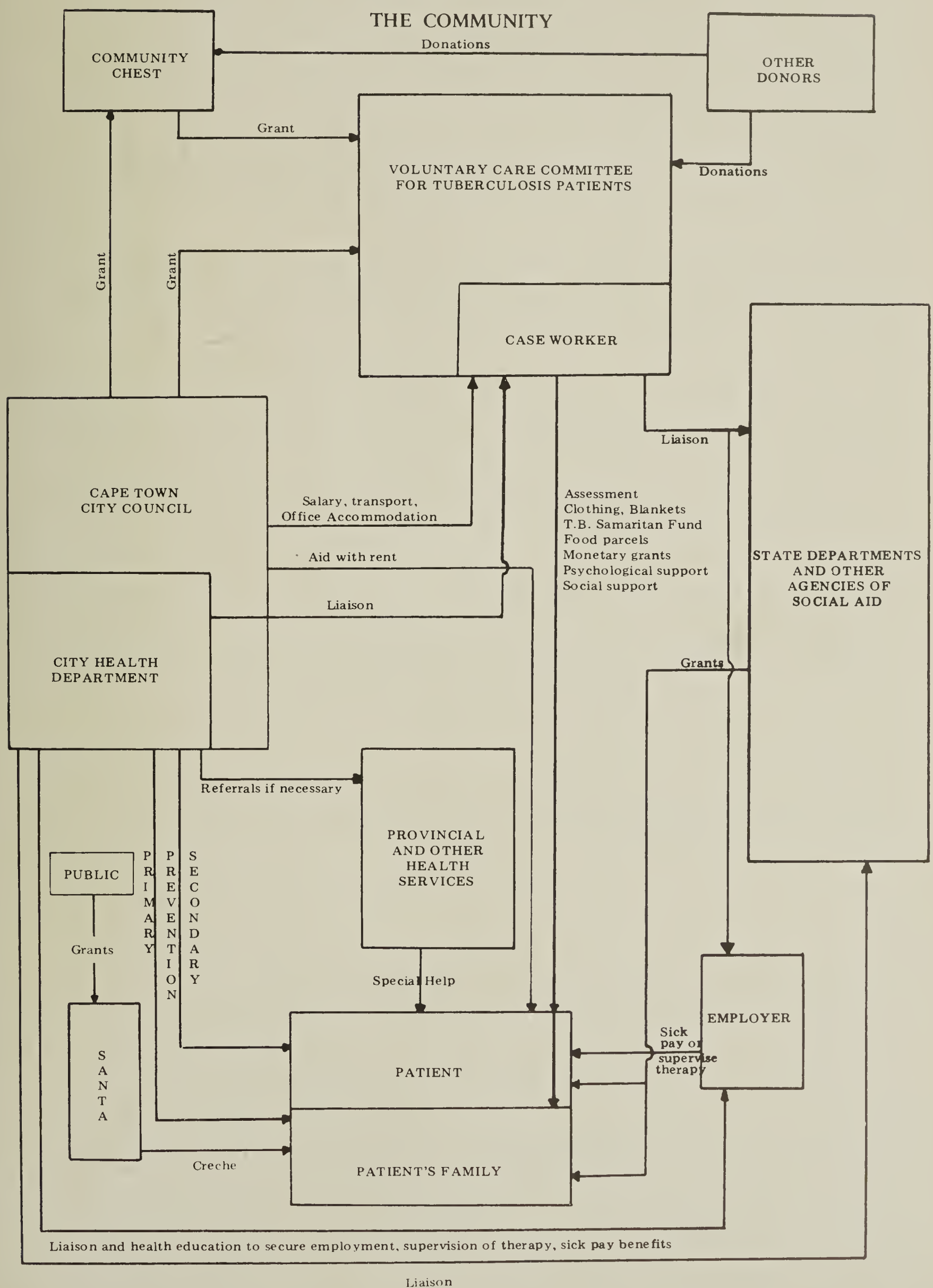
There was a increase in the number of Streptomycin injections of 28%o over 1976.

TERTIARY PREVENTION

At this level of prevention the aims of health care in general are:

To prolong meaningful life.

Figure: 5.4 *MOBILISATION OF COMMUNITY RESOURCES IN THE TERTIARY PREVENTION OF TUBERCULOSIS*



To provide support in stress to the patient and his family and to mobilise community resources to assist the individual and persons indirectly affected by his illness.

To rehabilitate the patient and return him to his role in society as rapidly as possible.

The prolongation of meaningful life

Fortunately tuberculosis is highly amenable to therapy, with the exception of tuberculous meningitis which has a high mortality (increasing in relation to the delay between onset and the start of specific therapy and much higher if the patient is already comatose when treatment starts).

Nevertheless tuberculosis does still result in a number of persons becoming severely handicapped in later life – either as respiratory criples due to gross pulmonary infection or as decerebrate paralytics, paraplegics, etc., following meningitis. The cost to the individual and his family in terms of human suffering and to the community in terms of hospital costs is not inconsiderable.

Mortality from tuberculosis is dealt with elsewhere in this report (Page 67).

To provide support in stress to the patient and his family and to mobilise community resources to this end.

While the City Council and its Health Department, refunded for its costs in part by the central government, plays the major role in providing medical care for the patient, this Department concerns itself with the family of the patient as well and also mobilises other community agencies to assist patient and family in non-medical fields of need. (see Figure 5.4).

During 1977 the Care Committee for Tuberculosis Patients – a voluntary lay charitable body supported by the Community Chest and of which the Medical Officer of Health is chairman – assisted 994 families and the work done is summarised in Table V.23. There was a marked fall in the number of visits made by the Case Worker. A creche operated by this Committee for the children of Tuberculosis patients was unfortunately burgled so often that insurance cover was refused and it had therefore to be closed down.

The S A N T A operated creche continued to cater for 55 children.

Rehabilitation of the Patient in the Community

This aspect of tertiary prevention commences from the moment of Notification as strenuous efforts are made to avoid hospitalisation and loss of employment.

SECTION VI – SEXUALLY TRANSMITTED DISEASES (VENEREAL DISEASES)

Many cases of sexually transmitted diseases (STD) are treated privately or not at all, and there is no compulsion to notify them to the local authority unless treatment is refused. Accurate epidemiological trends are thus difficult to detect, since the numbers of persons making use of City Health centres in this regard may be influenced by factors other than a real change in the pattern of occurrence of Venereal Disease (V D) (e g altered community affluence; changing social attitudes to the stigma of these diseases; local availability of the City Health services etc.). Nevertheless the attendances at Municipal clinics (euphemistically described as "Treatment Clinics" on timetables etc.) provide the only major epidemiological record of these diseases in Cape Town and are presented below in order that a PRIORITY RATING may be assigned to this aspect of community health.

MORBIDITY

The numbers of new cases seen during 1977 and the preceding year are detailed by race group, sex and diagnosis in Table VI.1. Trends over a series of years are indicated in Table VI.2 and occurrence in teenagers in Table VI.3. Summary data is contained in Table VI.5.

All Forms of Sexually Transmitted Diseases

The number of new cases rose by 195 (1,5%) from 12 985 in 1976 to 13 180 in 1977 with a fall in the incidence rate per 1 000 population from 15,4 to 15,2. White female new attendances fell by 45,7% (from 35 to 19); and White male new attendances fell by 15,7% (from 389 to 328); Black/Coloured/Asian female attendances fell by 5,3% (from 2 436 to 2 308) and male rose by 4% (from 10 125 to 10 525).

There were 624 new cases in teenagers in 1977, a fall of 19,8% over the 1976 figure of 778.

The spectrum of pathology seen is illustrated in Figure 6.1.

Syphilis

There was a decrease of 1% (from 3 688 to 3 650) in the number of new cases of acquired syphilis in 1977 compared with 1976 (a decrease of 16 in Whites and 22 in other race groups). See Tables VI.1, VI,2, VI.3 and VI.6 and Figures 6.2 and 6.3. Congenital syphilis cases numbered 58 in 1977, a decrease of 22,7% over the 75 cases in 1976.

Gonorrhoea

There was an increase of 6,4% (from 8 387 to 8 965) in the number of new cases of gonorrhoea in 1977 compared with 1976 (a decrease of 47 Whites, and an increase of 625 in other race groups). See Tables VI. 1, 2, 3 and 5.

No penicillinase producing Neisseria were identified during the year.

Other Venereal Diseases

There was a decrease of 39,3% (from 835 to 507) in the number of new cases of venereal diseases other than syphilis or gonorrhoea in 1977 compared with 1976 (a decrease of 16 Whites and 312 in other race groups). See Tables VI.1, 2, 3.

The decrease was largely due to a fall in the number of cases of non-specific urethritis (NSU) in Black/Coloured or Asian males. See Table VI.6.

Non-specific urethritis shows a strong downward trend as a percentage of all new cases of White Male V D and the strong upward trend for males of other races was reversed in 1977.

The spectrum of diseases seen is illustrated in Figure 6.4.

MORTALITY

Venereal diseases are not a significant cause of death (see Tables III.23 and III.27). Five deaths due to

Figure: 6.1 *NEW ATTENDANCES AT SEXUALLY TRANSMITTED DISEASES (S.T.D.) CLINICS, BY DIAGNOSIS: 1976 and 1977*

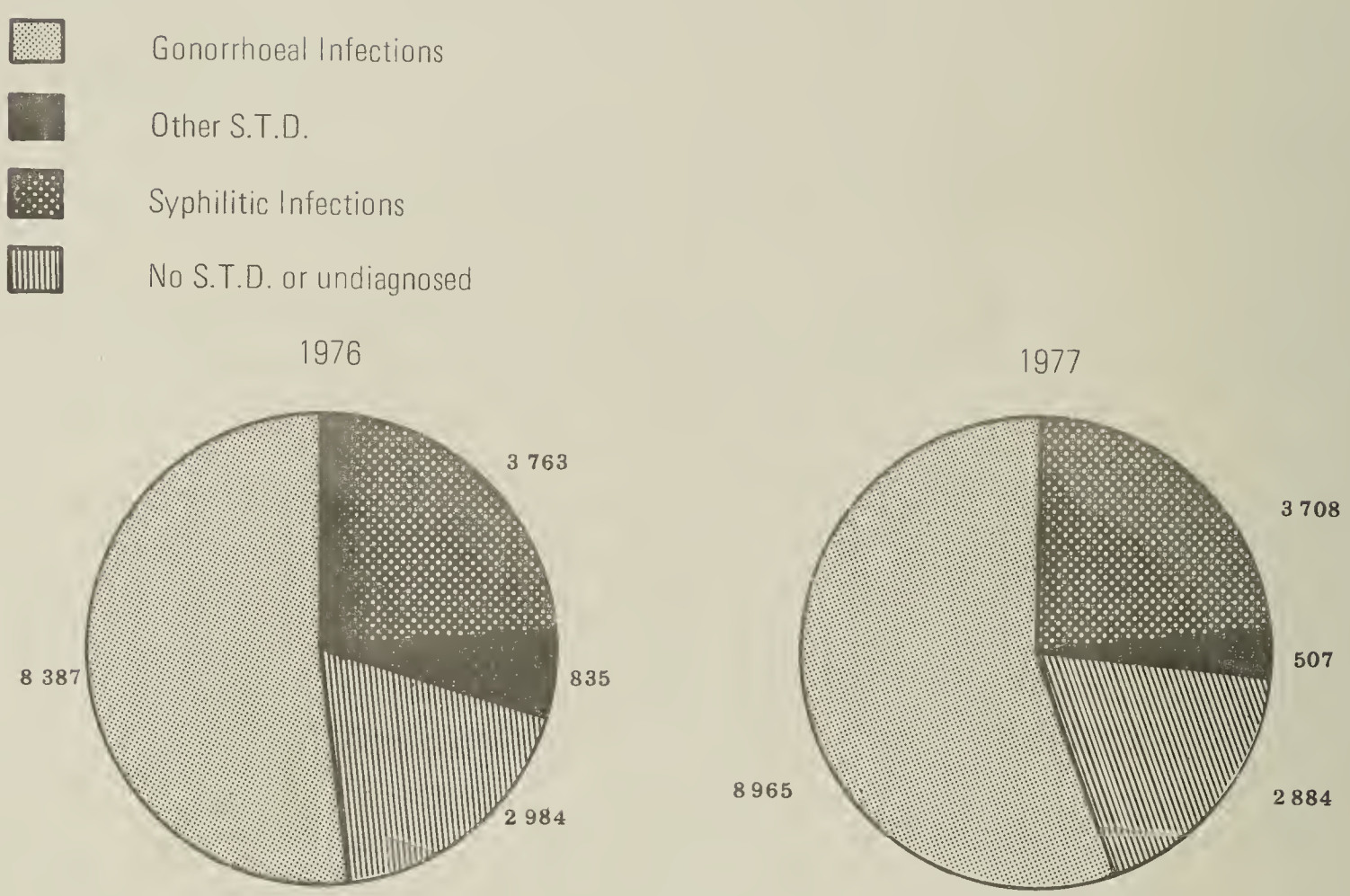


Figure: 6.2 *NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT VENEREAL DISEASE CLINICS BY RACE AND SEX : 1951 – 1977*

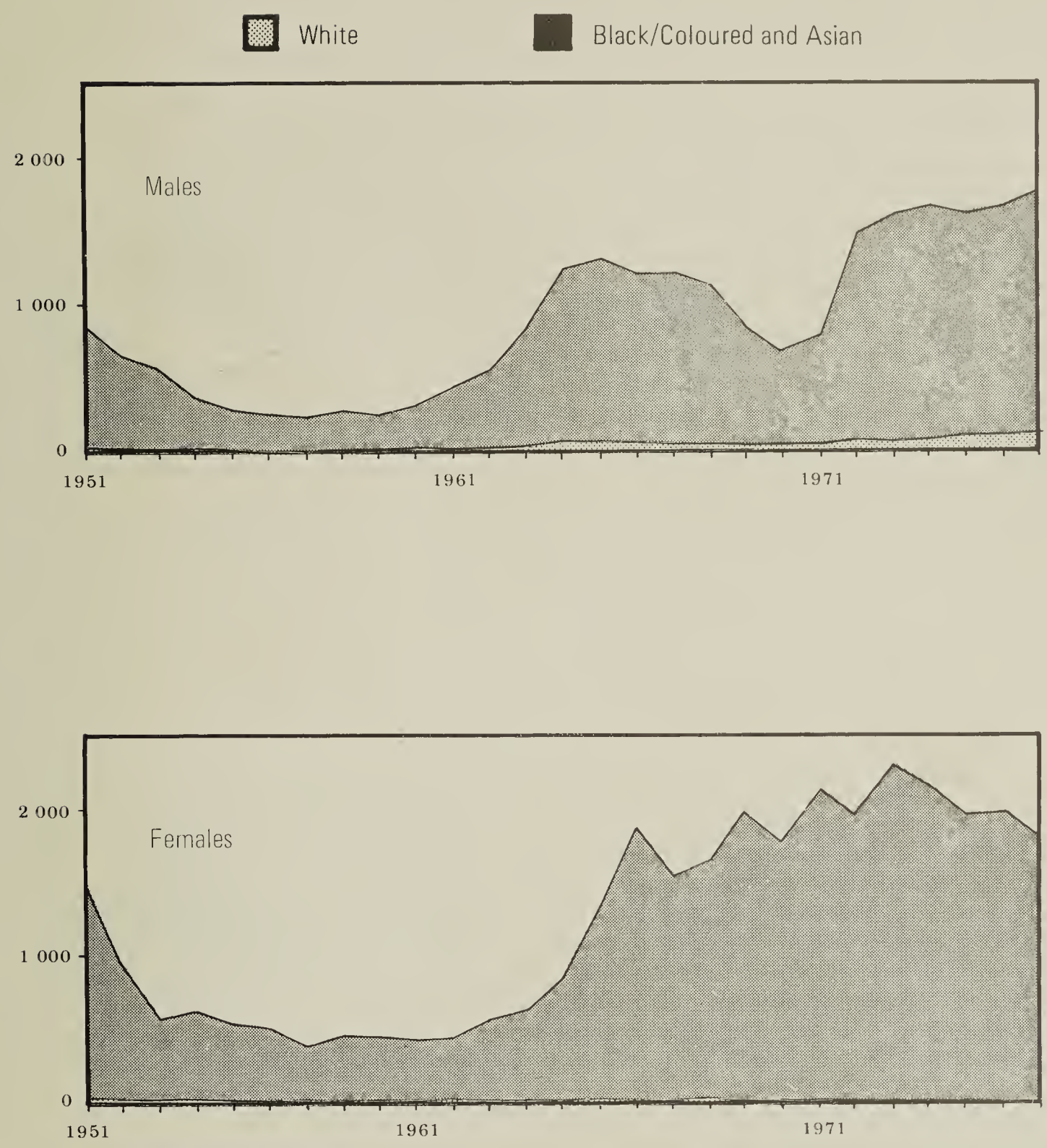
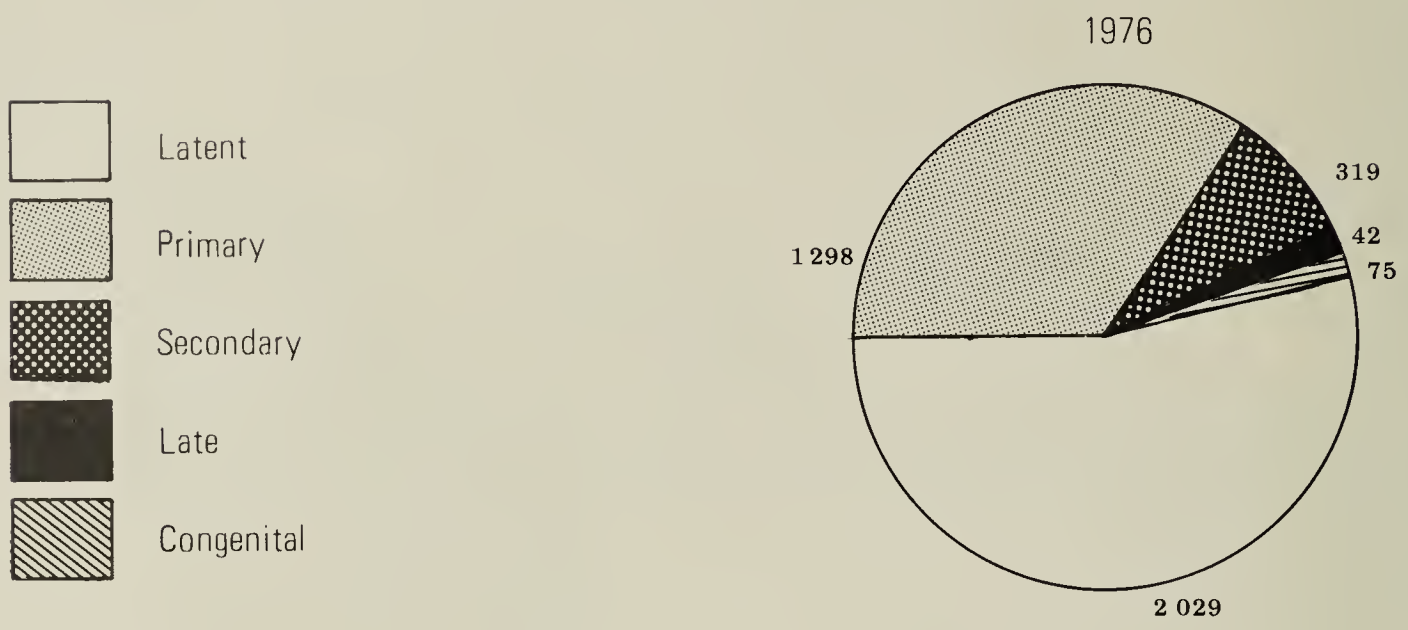


Figure: 6.3 *NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) BY FORM OF THE DISEASE : 1976 and 1977*



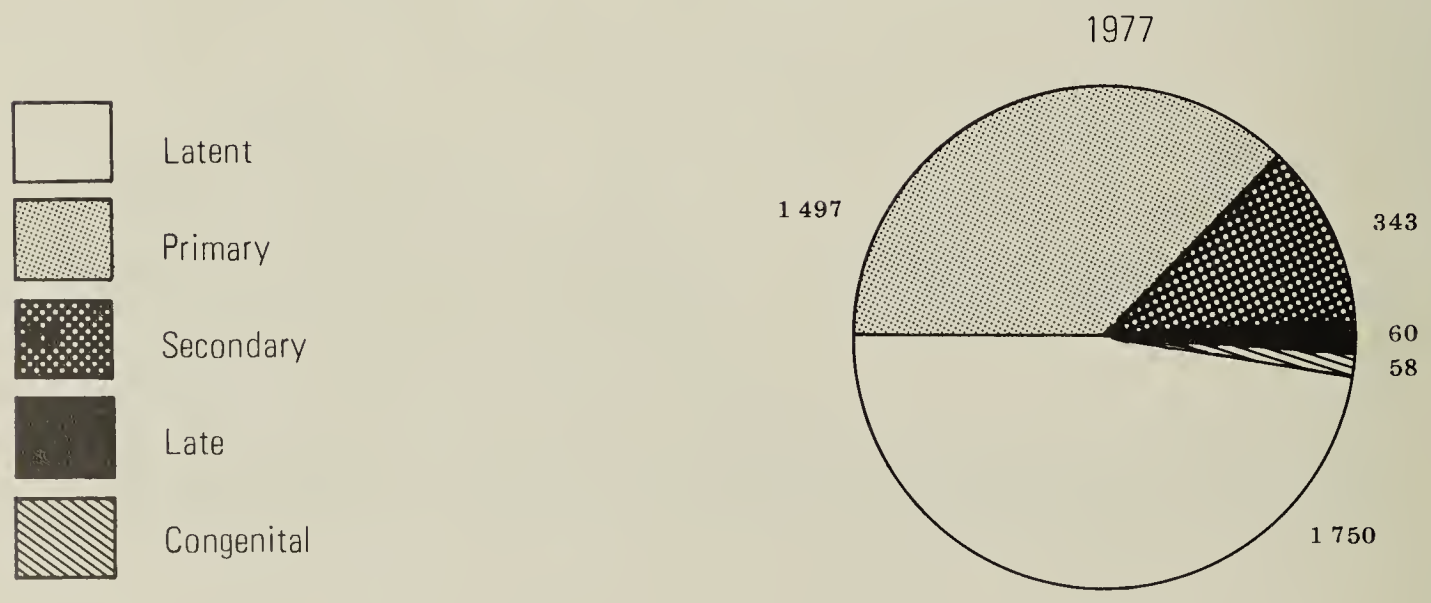
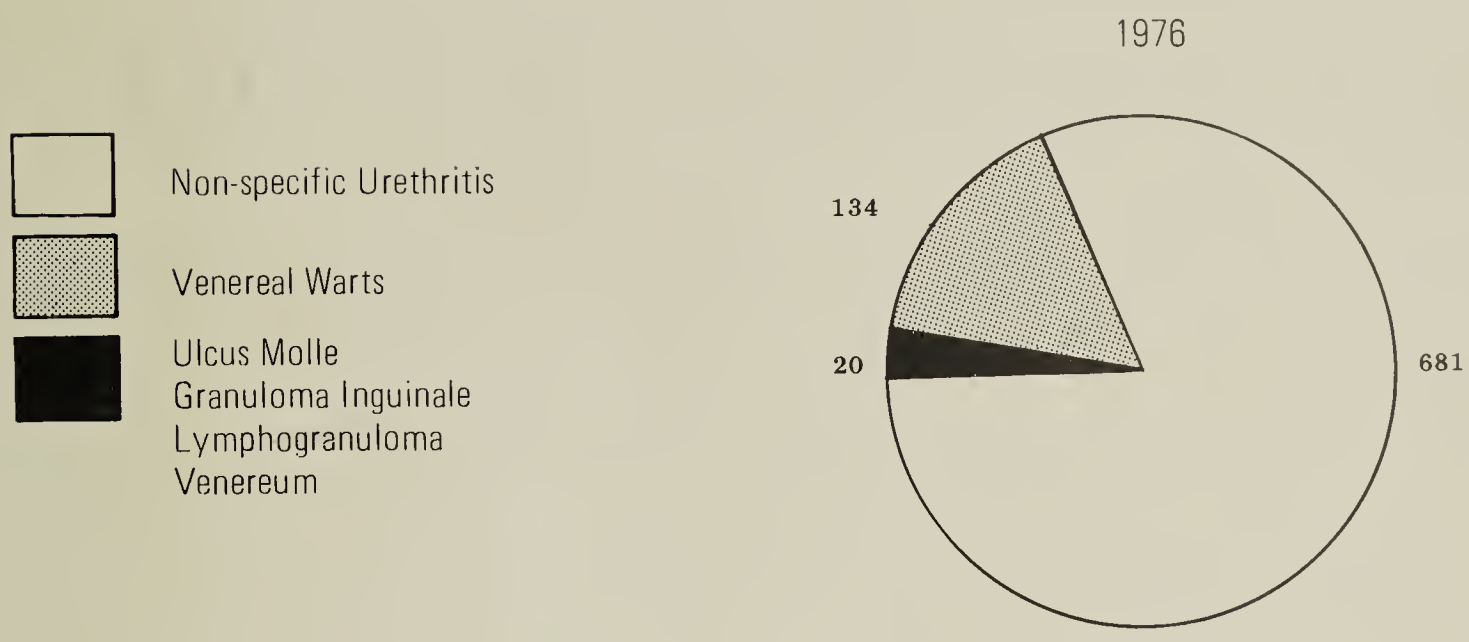
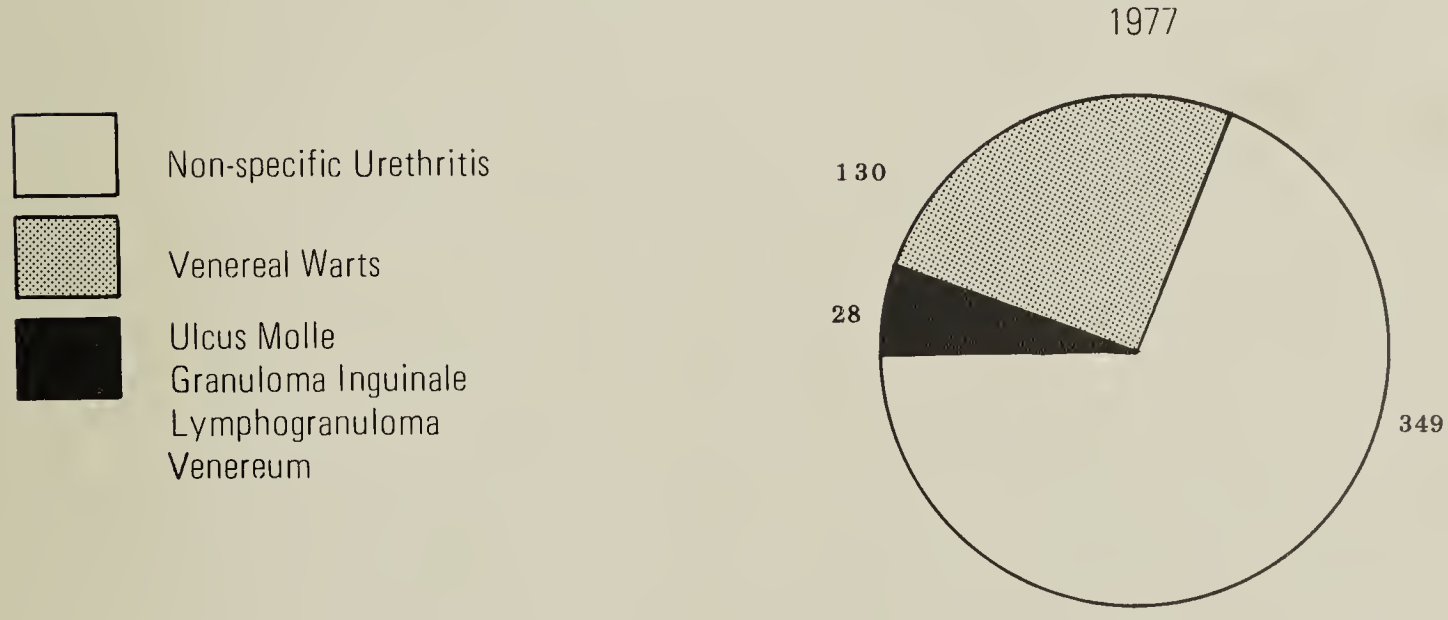


Figure: 6.4 *NEW CASES OF SEXUALLY TRANSMITTED DISEASES OTHER THAN SYPHILITIC OR GONORRHOEAL INFECTIONS (INCLUDING REINFECTIONS) BY THE DIAGNOSIS : 1976 and 1977*





syphilis were recorded in 1977 compared with 3 in 1976. Of these deaths one was due to congenital syphilis in infants under 1 year in 1977 and two in 1976.

COST FACTORS

The cost of the failure of primary prevention of the sexually transmitted diseases is difficult to compute. The major costs are psychological and social.

There is little productive working time lost due to these diseases and the treatment is not very expensive.

VULNERABILITY OF THE COMMUNITY TO V D AND SUSCEPTIBILITY OF V D TO CONTROL MEASURES

Cape Town has a number of factors favouring the continuation of the V D problem, most of which are found alone or in similar combinations elsewhere in the world.

Such factors include:–

Public apathy to the effects of conditions widely believed to be eminently treatable and "not really dangerous".
The modern permissive society which contributes to the prevalence of divorce, illegitimacy and of V D.
The diminishing use of mechanical contraceptives which do offer limited protection against venereal diseases.
The absence of any health control over such phenomena as prostitution which is made inevitable by the strictly repressive social and legislative milieu.
The exposure of the population to continual infection via its port facilities.
The problems attendant upon the migrant labour system.
The failure of the human body to develop immunity to subsequent attacks of V D.
The lack of any effective immunising agents.

These factors make the prognosis for the future control of sexually transmitted disease a poor one.

PREVENTION OF THE SEXUALLY TRANSMITTED DISEASES IN CAPE TOWN

Primary Prevention

Health education in these matters forms part of the general activity of health personnel (see Section IV).

The agents of V D cannot be eradicated from the environment and the host cannot be naturally or artificially immunised. The only specific measures which can be taken in fact are to prevent the agent from surviving transfer to a new host (e g possibly condoms, copper T devices etc.) and by treating expectant mothers with serological evidence of syphilis so that the spirochaete does not infect the foetus (or, if it has infected the foetus, the treatment is curative).

Use of condoms is not popular at City Health Department Family Planning clinics. The ante-natal serological diagnosis of syphilis has been discussed on page 47 .

Secondary Prevention

Free facilities for the diagnosis and treatment of sexually transmitted diseases were provided at 31 weekly medical sessions (6 for Whites and 25 for other races) held at 14 venereal disease centres (being at the City Hospital, Salt River, Wynberg, Kensington, Guguletu, Heideveld, Silvertown, Retreat, Langa, Lavender Hill, Manenberg, Bonteheuwel, Hanover Park and Parkwood) as well as at ante-natal clinics held elsewhere (see page 47) during 1977.

The workload at the venereal disease centres increased slightly in 1977 compared with the previous year; new attendances increasing by 0,6% from 15 969 to 16 064 (although White new attendances fell by 16,5% from 577 to 482, new attendances by other races increased by 1,2% from 15 393 to 15 582) and total attendances increasing from 37 680 to 37 683 (White total attendances fell by 22% from 1 748 to 1 363 but total attendances for other races rose by 1,1% from 35 932 to 36 320).

Early diagnosis

The sexually transmitted diseases embrace a wide and diverse spectrum of clinical entities. The possibility of such a disease being present should always be borne in mind.

Investigation of suspects

Many cases are investigated by their private medical attendants or by staff of other Public Health Service facilities. Good liaison exists between the Day Hospitals Organisation of the Cape Provincial Administration and this Department, whereby cases diagnosed at such hospitals are started on treatment (which at least renders them non-infectious and may even cure the patients even if they default at this stage) and are referred to City Health clinics for continuation of therapy.

No account can be given in this years report as to the source of the new attendances recorded at the various City Health clinics. Many came with proven diagnoses, other were diagnosed clinically and yet other cases required special examination (see Table VI.8).

The investigation of high risk groups

Contacts

Every effort is made to inform contacts of the need for investigation. In 1977 only 237 such persons responded in contrast to the total of 13 180 new cases registered (comparable figures in the previous year were 283 and 12 985).

The expansion of the comprehensive Community Health Care Service will progressively involve many more Health Visitors in the search for contacts. (See Table IV. 16).

Of the 237 contacts who attended clinics, (see Table VI.9) only 20 were free of V D.

Other high risk groups

Serological screening of all ante-natal cases (see Page 47) who are not referred to other centres for their total management is performed at the clinics.

It is not possible to identify individuals at high risk although Health Education should make members of such high risk groups as prostitutes, seamen, the promiscuous etc aware of the need for regular medical investigation.

Prompt institution and maintenance of effective therapy

Treatment followed the guidelines of the State Health Department and was offered at the 14 centres detailed in Table VI.7 as well as at ante-natal clinics if held elsewhere (see Table IV. 6).

Refinement of statistical data should be possible with the aim of delineating what proportion of cases received full courses of treatment, how many were reinfections etc.

Tertiary Prevention

Support in stress if offered to patients and emphasis is laid on the preservation of confidentiality. Health education directed at preventing recurrences is attempted but rehabilitative measures are not highly successful.

Langa and Guguletu : Attendances at these clinics are detailed in Table VI.7. Many residents of these areas also attend at the Spencer Road clinic on Saturday mornings.

SECTION VII – NOTIFIABLE CONDITIONS

During the year under review, 29 conditions were Notifiable in terms of the Public Health Act in the Cape Town Municipal area; these are listed, together with legislative references, in Table VII.1.

No cases of Anthrax, Brucellosis, Cholera, Encephalitis, Glanders, Insecticidal poisoning, Lead poisoning, Malaria, Plague, Rabies, Relapsing Fever, Sleeping sickness (Trypanosomiasis), Smallpox, Trachoma, Typhus or Yellow Fever were Notified as having occurred in Municipal residents during 1977.

Those cases of Notifiable disease which were Notified during the year are detailed according to race in Table VII.2 and are ranked in order of the highest incidence thus:–

Tuberculosis, Cerebrospinal Fever, Viral hepatitis, Typhoid Fever, Whooping Cough, Scarlet Fever, Ophthalmia neonatorum, Poliomyelitis, Puerperal Fever, Erysipelas, Tetanus, Diphtheria and Leprosy.

Notifications are analysed as regards the month Notification was received, the age of cases and the Municipal Ward in which they were domiciled in Tables VII.3, VII.4 and VII.5 respectively.

The 194 deaths due to Notifiable diseases which were registered during 1977 included 165 due to Tuberculosis (all forms), 22 due to Cerebrospinal Fever, 4 due to Viral Hepatitis and 1 each due to Tetanus, Whooping Cough and Typhoid Fever. In 1976, 196 such deaths were registered including – 168 due to Tuberculosis (all forms), 23 due to Cerebrospinal Fever, 3 due to Viral hepatitis, one each due to Tetanus and Diphtheria.

It is difficult to gauge the amount of morbidity occasioned by conditions which are not Notifiable in terms of the Public Health Act. An indication of the importance of certain conditions can however be obtained by study of hospital admission statistics and Mortality data, (as in Section VIII).

Measles (ICD code 055), Influenza, bronchitis, pneumonia (ICD codes 466,480–486, 490 and 491) and diarrhoeal disease (ICD code 561, 563, 000, 004, 006–009) are four diseases/disease groups which classically produce a significant amount of illness in Cape Town.

Discussion on measles immunisation (page 52), hospitalisation (page 100) and deaths (page 32) influenza and pneumonia mortality (page 32); and diarrhoeal disease mortality (page 32) supports the contention that these remain important conditions locally.

Langa and Guguletu : Cases of Notifiable disease are listed in Table VII.2. Apart from 80 cases of Tuberculosis and 4 of cerebrospinal fever all the other 1 296 Black cases of Notifiable disease resided in either Langa or Guguletu.

TUBERCULOSIS (All Forms)

This disease was responsible for 85,1%o of deaths due to, and 88,25%o of all Notifications made of, Notifiable conditions in 1977, (See Table VII.2). It is discussed in full in Section V (page 58).

CEREBROSPINAL FEVER

Priority rating

There was a rise in the incidence of cases of this disease in 1977 (see Figure 7.1 and Table VII.7). There were 128 cases amongst municipal residents (compared with 120 in the previous year) being 2 White, 108 Coloured, 1 Asiatic and 17 Black persons (compared with 11 White, 83 Coloured and 26 Black persons in 1976).

The incidence rate per 100 000 population per year fell markedly from 1976 to 1977 in Whites (from 4,3 to 0,78); increased in Coloureds (from 17 to 21); and fell in Blacks (from 25 to 17).

Although there were more cases in 1977 the number of deaths was much the same, 23 in 1976 and 22 in 1977. This represents a decrease in death rate per 100 000 population per year from 2,73 to 2,54 and in the mortality of Notified cases from 19,17%o to17,19%o.

Figure 7.1 *NOTIFICATION RATES PER 100 000 POPULATION OF CEREBROSPINAL FEVER, BY RACE : 1967 – 1977*

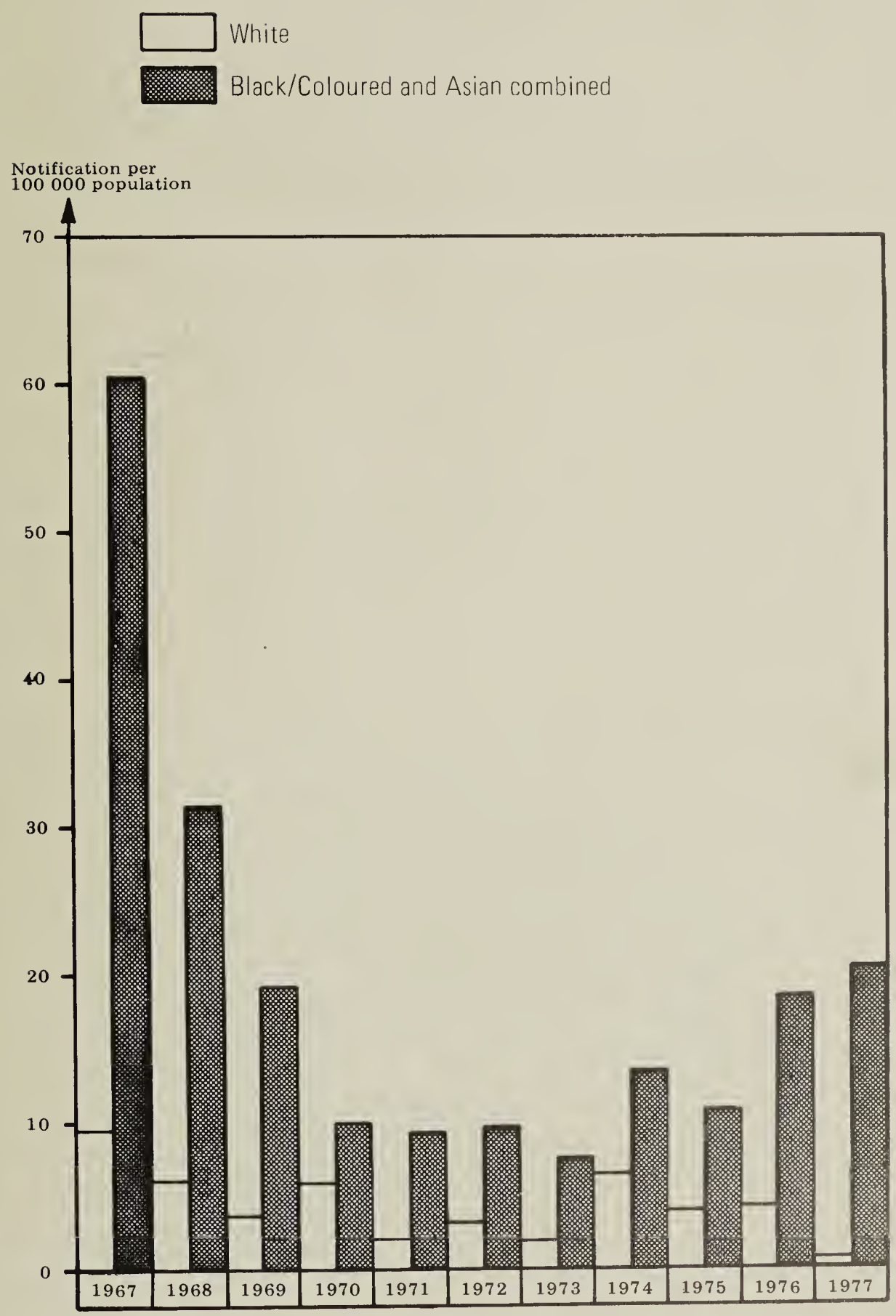
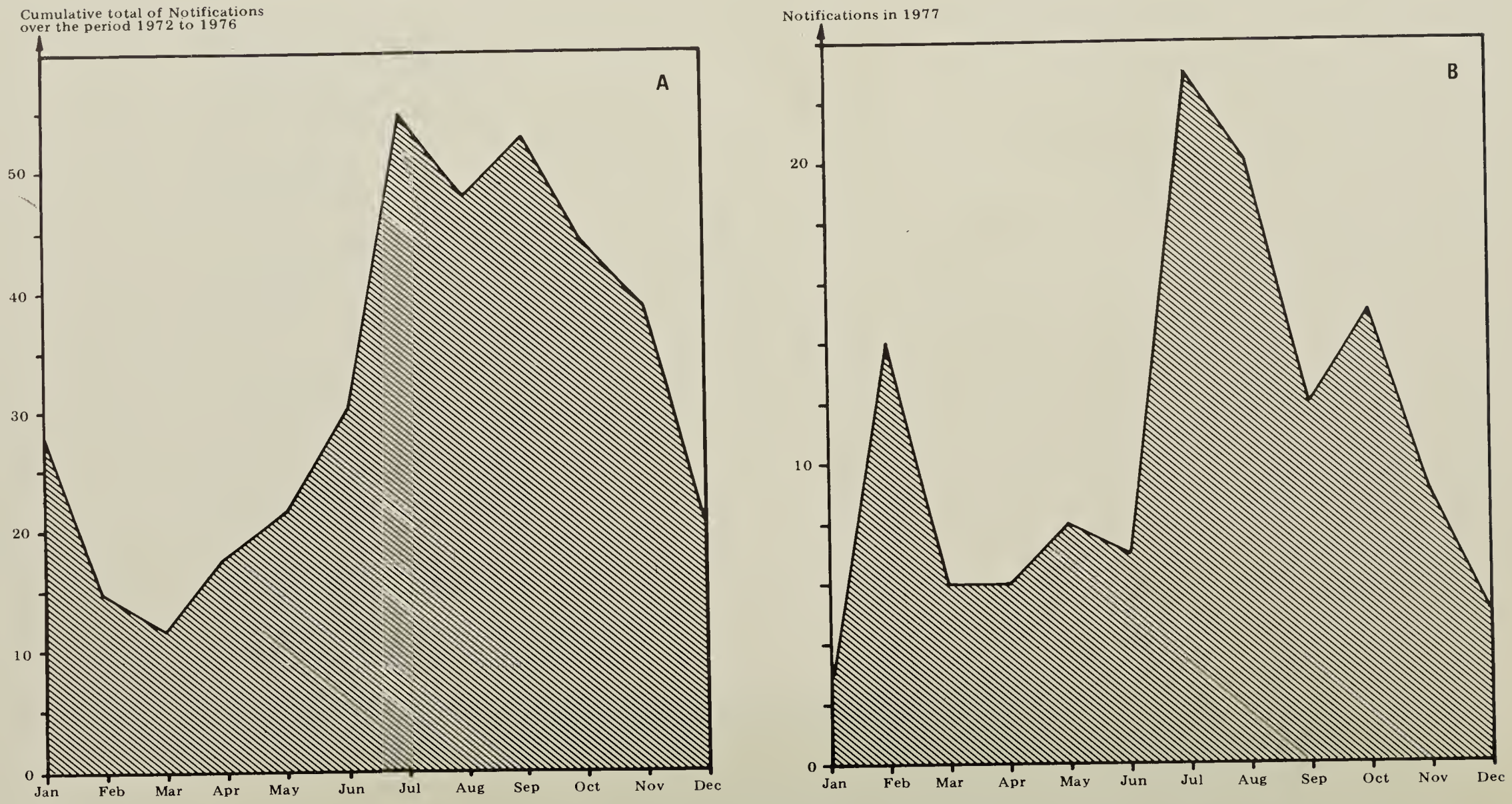


Figure 7.2 *NOTIFICATIONS OF CEREBROSPINAL FEVER CASES BY MONTH OF RECEIPT OF NOTIFICATION*

A – CUMULATIVE TOTALS FOR THE FIVE YEARS : 1972 – 1976

B – FOR THE YEAR 1977 ONLY



These morbidity and mortality figures indicate a high priority rating for control of this condition.

Further Comment

The seasonal variation in Notifications of Cerebrospinal Fever is demonstrated in Table VII.3 and Figure 7,2. Nearly 70^{0}/o of the number of cases from 1972 – 1976 occurred in the half year June to November, co-inciding with the cooler wetter months, and the same pattern was seen in 1977.

Prevention

Overcrowding, especially in colder weather, is unavoidable for large sections of the Community under present Housing circumstances. Housing standards, unattainably high in the present crisis, are essential to reduce morbidity and mortality from this disease. An urgent plea is made for the acceptance of the basic formula of:–

(a) Core Housing

(b) Security of tenure

(c) Provision of essential services in suitable areas **now**.

Specific measures to prevent the disease developing in the general Community are difficult to apply. Chemotherapeutic prophylaxis is employed promptly and intensively by the City Health Department to protect contacts of notified cases. Liaison with the State Health Laboratory is necessary to detect sulphonamide resistant strains.

Careful search for additional cases is made amongst contacts of Notified cases and health education employed to ensure early reporting of any malaise.

The institution of prompt and effective therapy is vital to prevent a high mortality. 12 of the Municipal cases were treated at General Hospitals for the whole of their illness (usually because they were too ill to be moved) while 116 were admitted to the City Hospital (in addition there were 77 cases from outside the Municipal area who were admitted to the City Hospital; 2 of these died to give a mortality of 2,60^{0}/o of out of City cases, which was much lower than that of 17,19^{0}/o for the local cases).

VIRAL HEPATITIS

Priority rating

This disease has only been Notifiable since 1969–05–30. The Incidence and Mortality since then is detailed in Table VII.6 and Figure 7.3.

In terms of morbidity and mortality, Viral Hepatitis ranked third in importance amongst the Notifiable diseases in Cape Town in 1977. There were 121 cases (44 White, 68 Coloured, 6 Black and 3 Asian) compared with 102 cases in 1976 (28 White, 58 Coloured, 14 Black, 2 Asian).

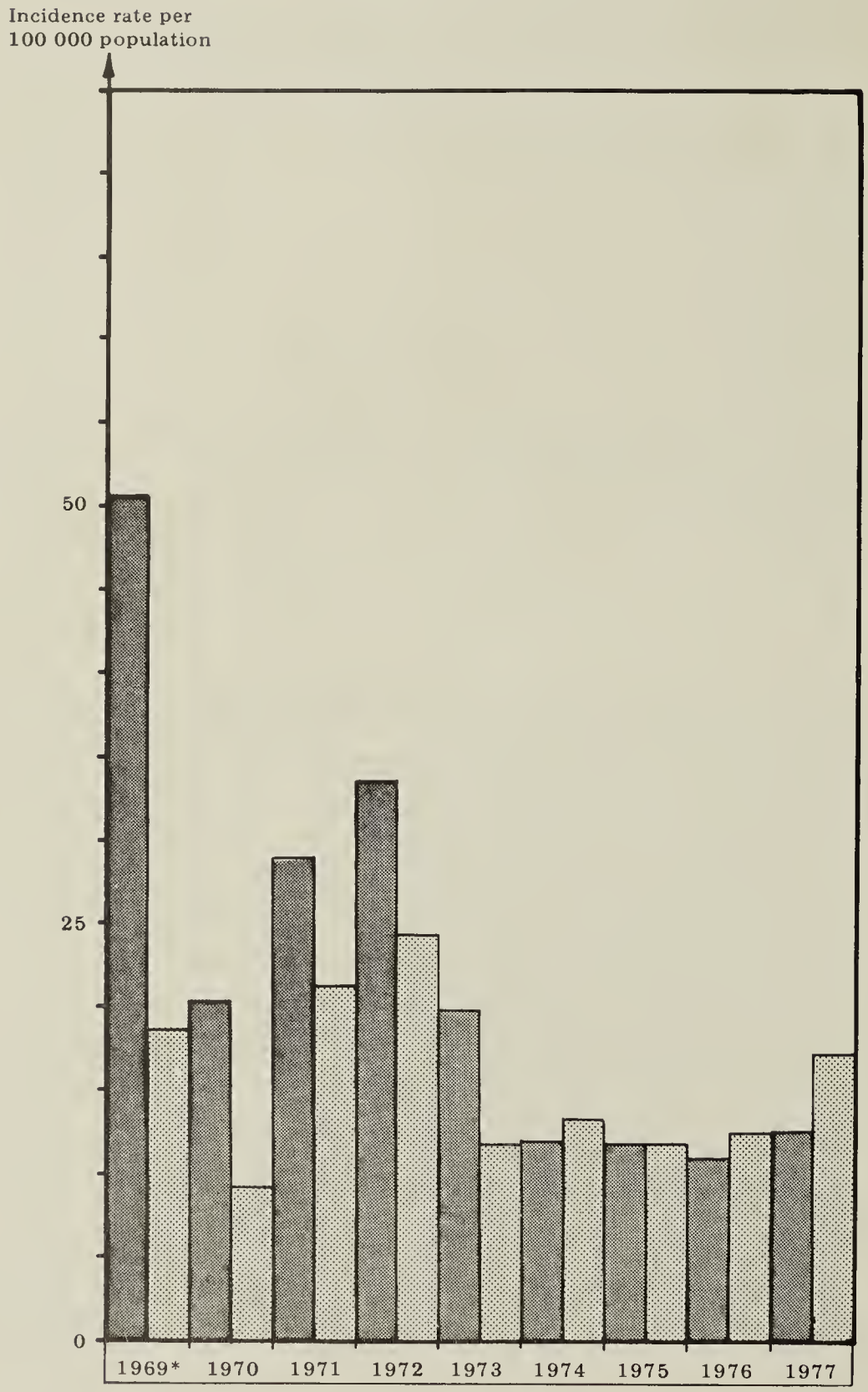
Incidence rates per 100 000 population increased for Whites (from 12 to 17) and Coloureds (from 12,15 to 13,73) but fell for Blacks (from 13,93 to 5,83) and the incidence rate per 1 000 persons rose for Asians (from 0,18 to 0,26).

Deaths due to Viral Hepatitis in 1977 numbered 4 compared with 3 in 1976 (see Table VII.6). Since 1969 there have been a total of 1 122 (436 White and 686 Coloured, Black or Asian) cases Notified of whom 43 (10 White and 33 Coloured/Asian or Black) died – a significant mortality of 3,83^{0}/o. (2,29^{0}/o for Whites and 4,81^{0}/o for other races combined).

Prevention

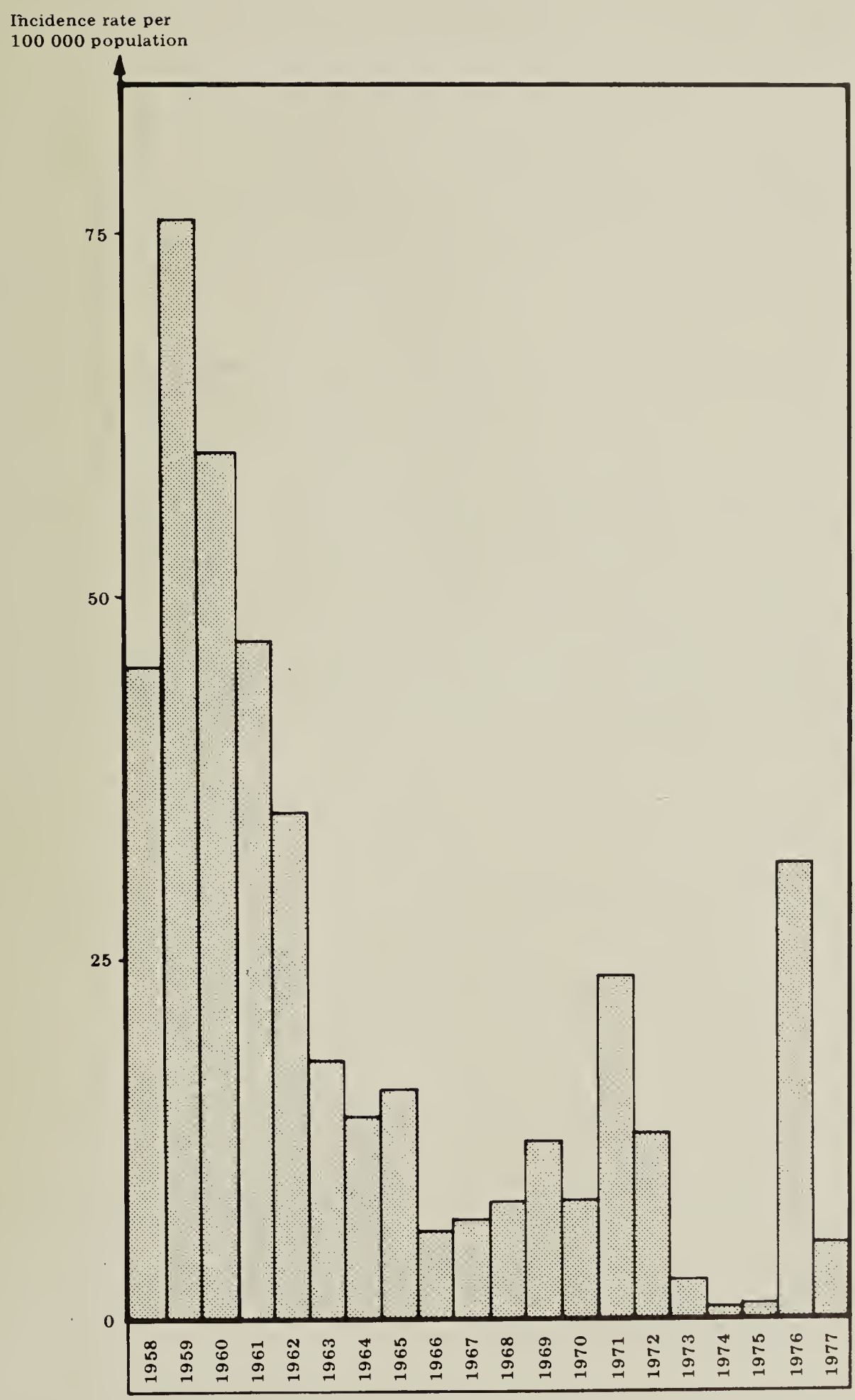
Infective hepatitis (Hepatitis A) is usually spread by the faecal-oral route and general measures to prevent it include health education, attention to personal hygiene and control of food handling. No vaccine is available yet although experimental vaccines against Hepatitis B appear to be successful.

Figure 7.3 *ANNUAL INCIDENCE RATES PER 100 000 POPULATION OF VIRAL HEPATITIS, BY RACE GROUP: 1969 (from May 30th) to 1977*



*estimate extrapolated from seven month period.

Figure 7.4 *INCIDENCE OF SCARLET FEVER IN WHITES : 1958 – 1977*



Early diagnosis and treatment is usually a function of other medical services. In 1977 only 3 cases were admitted to the City Hospital, 9 were admitted to General Hospitals and the remainder were treated at home. Admission to hospital is usually for reasons of severity of illness or because the patient lives in an institution with no facilities for isolation.

SCARLET FEVER

Priority rating

Scarlet Fever Notifications in 1977 numbered 17, fewer than the 1976 epidemic.

The annual Notifications and Incidence rates per 100 000 population of Scarlet Fever from 1976 – 1977 are detailed in Table VII.6. The Incidence rates from 1958 – 1977 are illustrated in Figure 7.4 for Whites only (difficulties in detecting Scarlatiniform rashes in dark-skinned persons leads to under-Notification of this condition in groups other than Whites).

The incidence of Scarlet Fever was lower than in 1976 when the 100 cases gave an indication that the general incidence of Streptococcal throat infection was also raised; this latter condition is not Notifiable but is a Scheduled disease in terms of the Regulations governing exclusion from schools.

There have been no deaths in Cape Town which were directly attributable to an attack of Scarlet Fever since 1960. Nevertheless, Rheumatic heart disease (which may have resulted from Scarlet Fever or another Streptococcal infection) remains an important cause of morbidity and mortality.

Prevention of Streptococcal infections and of their sequelae

NB : Although the risk of developing a non-suppurative complication of antecedent Streptocaccal infection is low, it is a real one and every effort was made to minimise this risk. Adequate therapy with penicillin or erythromycin was called for to prevent the development of acute rheumatic Fever or glomerulonephritis.

General measures taken included advice to public, parents and Headmasters about the necessity for personal hygiene and the avoidance of pencil-sharing etc.

There is no vaccine available to protect against the ± 50 serotypes of streptococci which could be involved.

Therapy was administered at home by the patients' private medical attendants.

OPHTHALMIA NEONATORUM AND GONOCOCCAL OPHTHALMIA

Definitions – Ophthalmia neonatorum is a purulent inflammation of the eyes in an infant up to 21 days old whether the infection is due to Neisseriae gonorrhoea or not.

Gonococcal ophthalmia is a purulent inflammation of the eyes due to Neisseriae gonorrhoea at whatever age this occurs.

Priority rating

During 1977 there were 14 cases (7 Coloured and 7 Black) Notified of Ophthalmia neonatorum.

The significance of this disease lies in the fact that the mother probably had inadequately treated or untreated gonorrhoea at the time of parturition and that the infant did not receive proper prophylactic care after delivery.

Prevention

Ante-natal diagnosis and cure of maternal gonorrhoea prevents cases.

Instillation of chloromycetin applicaps into the eyes of all neonates as a chemoprophylactic measure.

Figure: 7.5 *ANNUAL INCIDENCE RATES PER 100 000 POPULATION OF WHOOPING COUGH, BY RACE GROUP : 1967 – 1977*

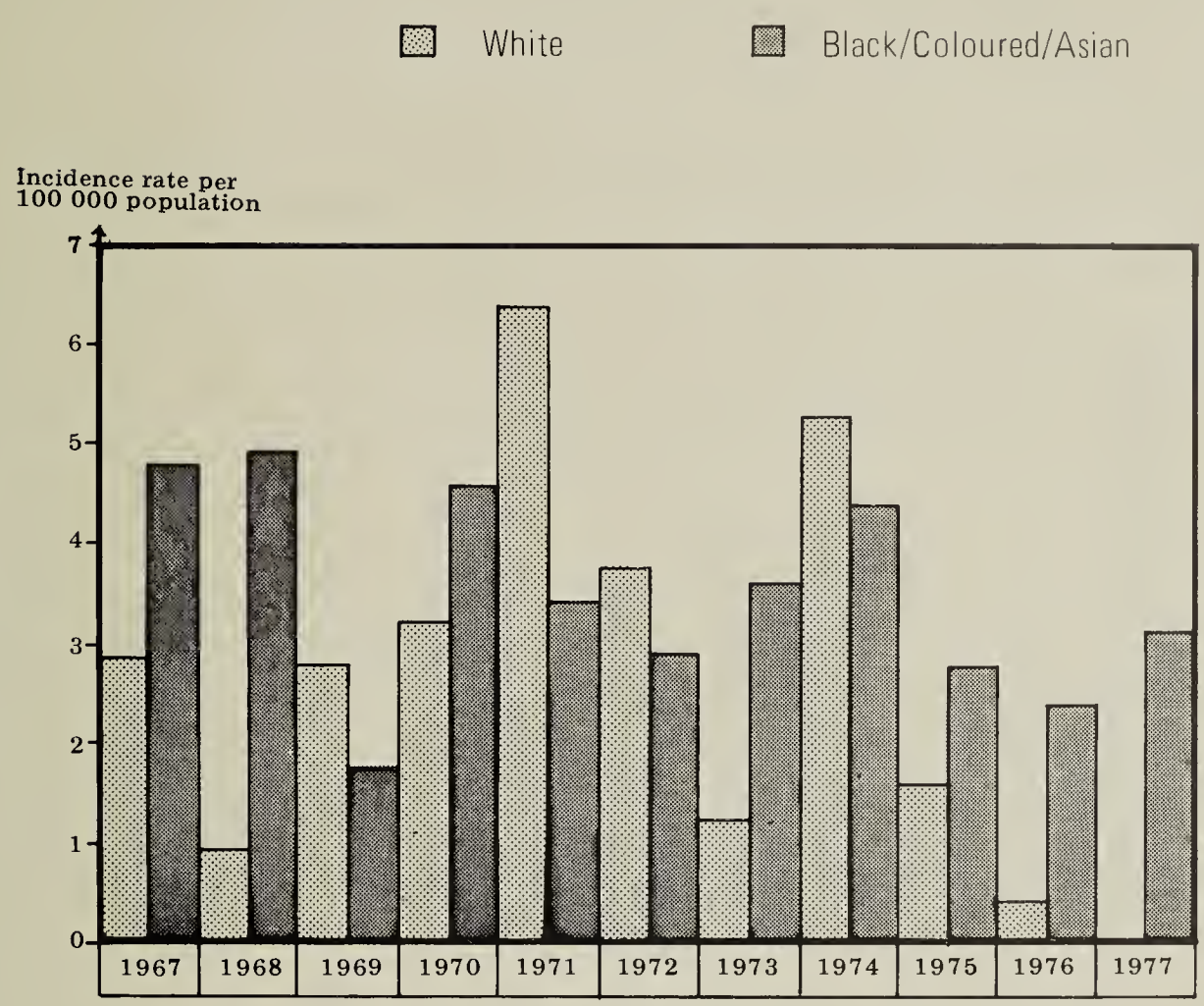
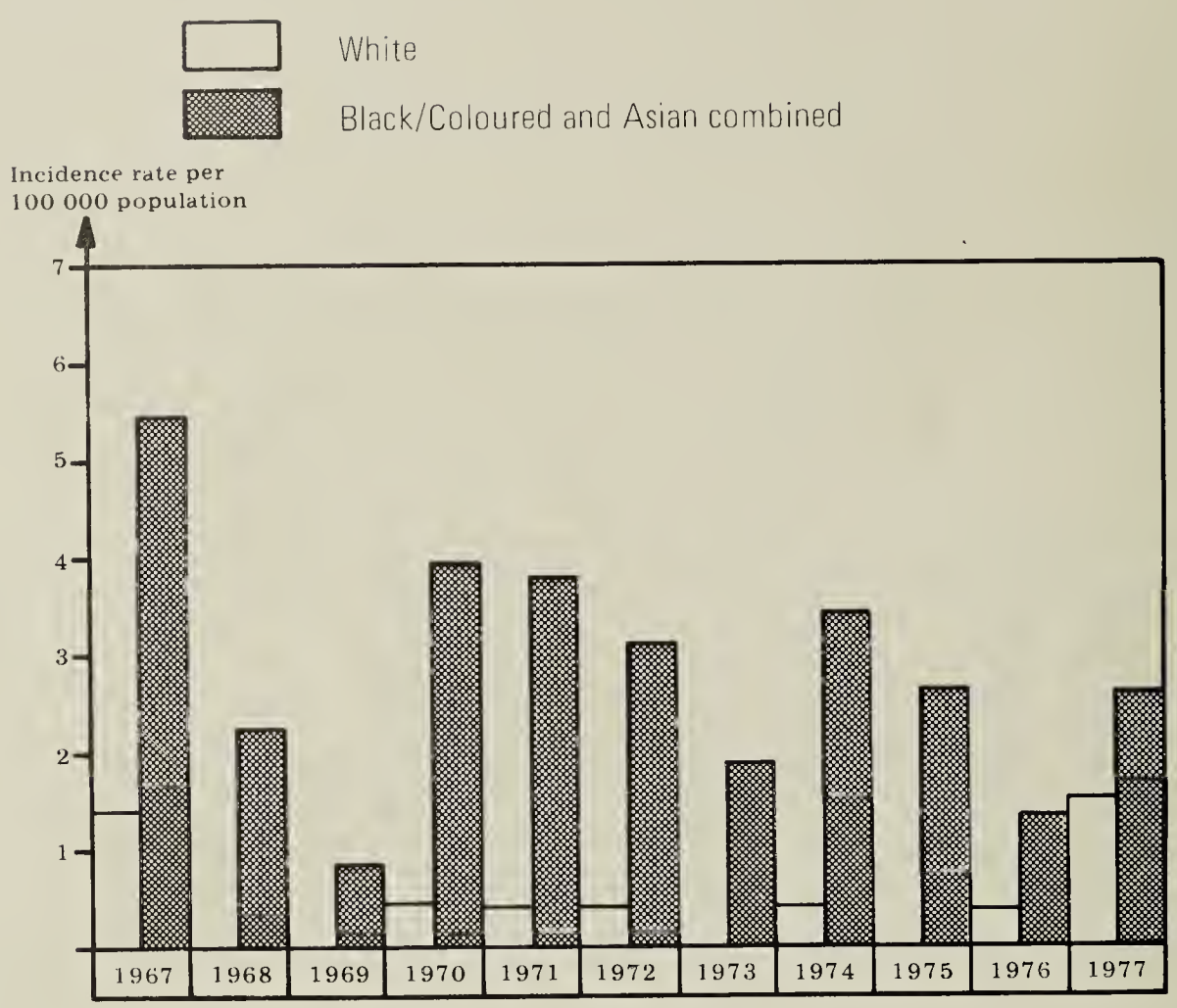


Figure: 7.6 *ANNUAL INCIDENCE RATE PER 100 000 POPULATION OF TYPHOID FEVER, BY RACE GROUP: 1967 – 1977*



The birth attendant must check the condition of the neonates eyes and report any inflammation no matter how slight to a medical practitioner to ensure early diagnosis and treatment.

WHOOPING COUGH

Whooping Cough is a clinical syndrome classically associated with Bordetella pertussis, B. parapertussis and viruses such as adenovirus.

Priority rating

The pattern of the previous few years (see Figure 7.5 and Table VII.6) was maintained in 1977, with 19 cases being Notified (16 Coloured and 3 Black)giving Incidence rates per 100 000 population per year of 3,23 for Coloureds and 2,91 for Blacks .

There was one death due to this disease during 1977 and there have been 17 deaths from 1967 – 1976, (7%o of the total of 244 Notified cases over the preceding decade).

Prevention

Immunisation remains important in Cape Town. There has been considerable debate in the British medical press as to the desirability or otherwise of continuing to offer routine immunisation against B. pertussis infection. No change in local policy is anticipated.

Reduction in the risk of infection of other pupils is made possible by excluding patients and contacts from schools.

Early diagnosis is made clinically and patients are admitted to the City Hospital as Whooping Cough cases without the necessity for bacteriologic proof of the diagnosis. Apart from the local cases admitted, there were 11 (2 White and 9 of other race groups) cases admitted to the City Hospital from outside the Municipal area. Treatment with ampicillin or erythromycin and skilled nursing care is essential.

TYPHOID FEVER

Priority

There were 20 local (4 White, 13 Coloured and 3 Black) and 17 imported (2 White, 4 Coloured, 3 Asian and 8 Black) cases Notified during 1977.

Annual Local case Notifications and Incidence rates per 100 000 population for 1977 and the preceding decade are detailed in Table VII.6 and illustrated in Figure 7.6.

The average incidence per year per 100 000 population 1968 – 1977 was 0,37 for Whites and 2,61 for all other race groups combined.

There was one death in 1977 (5%o) and of the 152 cases Notified in the preceding decade (1967 – 1976)only 2 died (1%o).

Prevention

The pillars of Typhoid prevention are proper sewage disposal, a pure water supply and strict control over milk and dairy products. The housing shortage in Cape Town leaves many areas e g Squatter camps, in danger. Constant vigilance is needed here.

Specific protection can be obtained to some extent by immunisation. Vaccines are not 100%o successful. Exclusion of cases and contacts from food-handling and institutions reduces the risk of spread.

Typhoid is endemic in Cape Town. An active search for new cases and carriers is made amongst contacts of Notified cases. One carrier was diagnosed and admitted for treatment to the City Hospital. A full record of all carriers is maintained and they are kept under observation.

Figure: 7.7 *ANNUAL NOTIFICATIONS OF DIPHTHERIA, ALL RACES : 1957 – 1977*

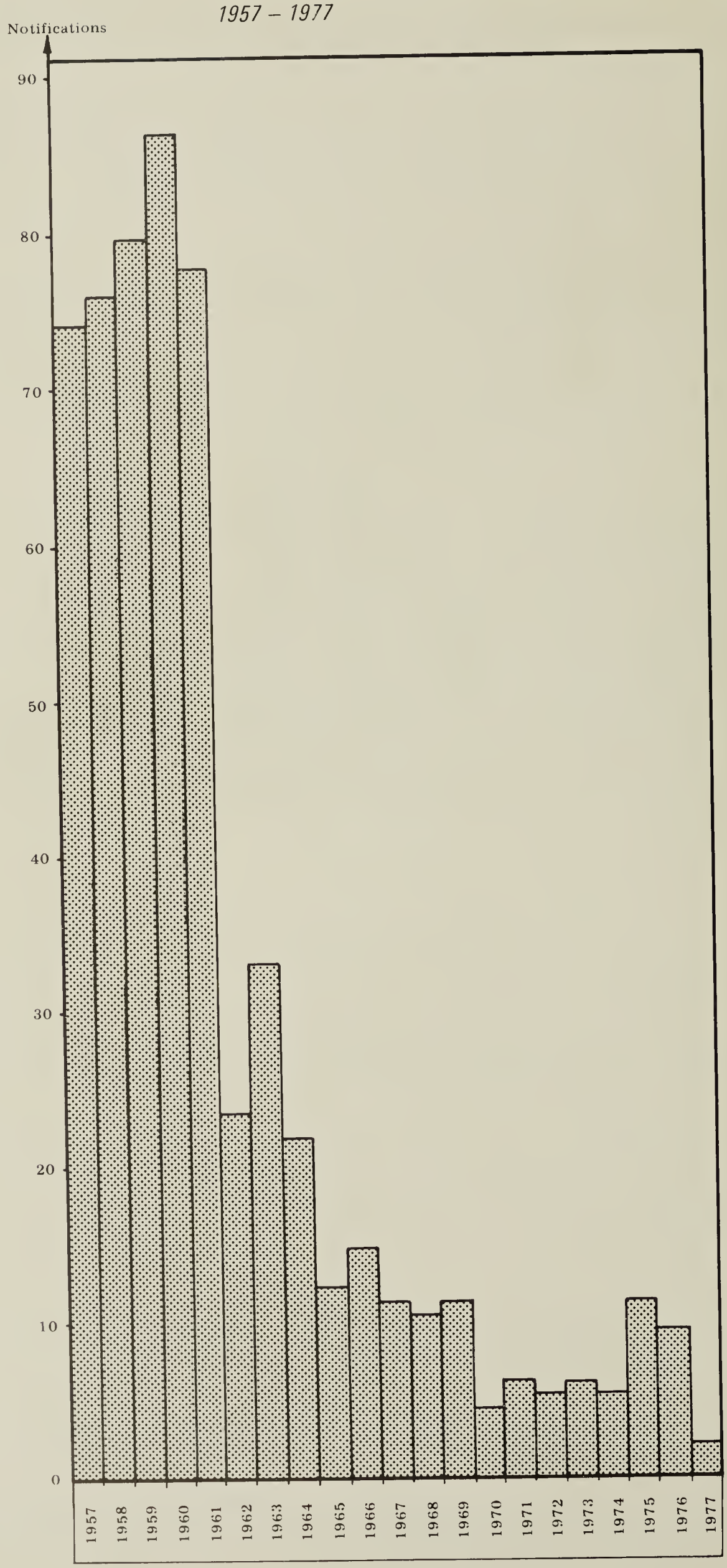
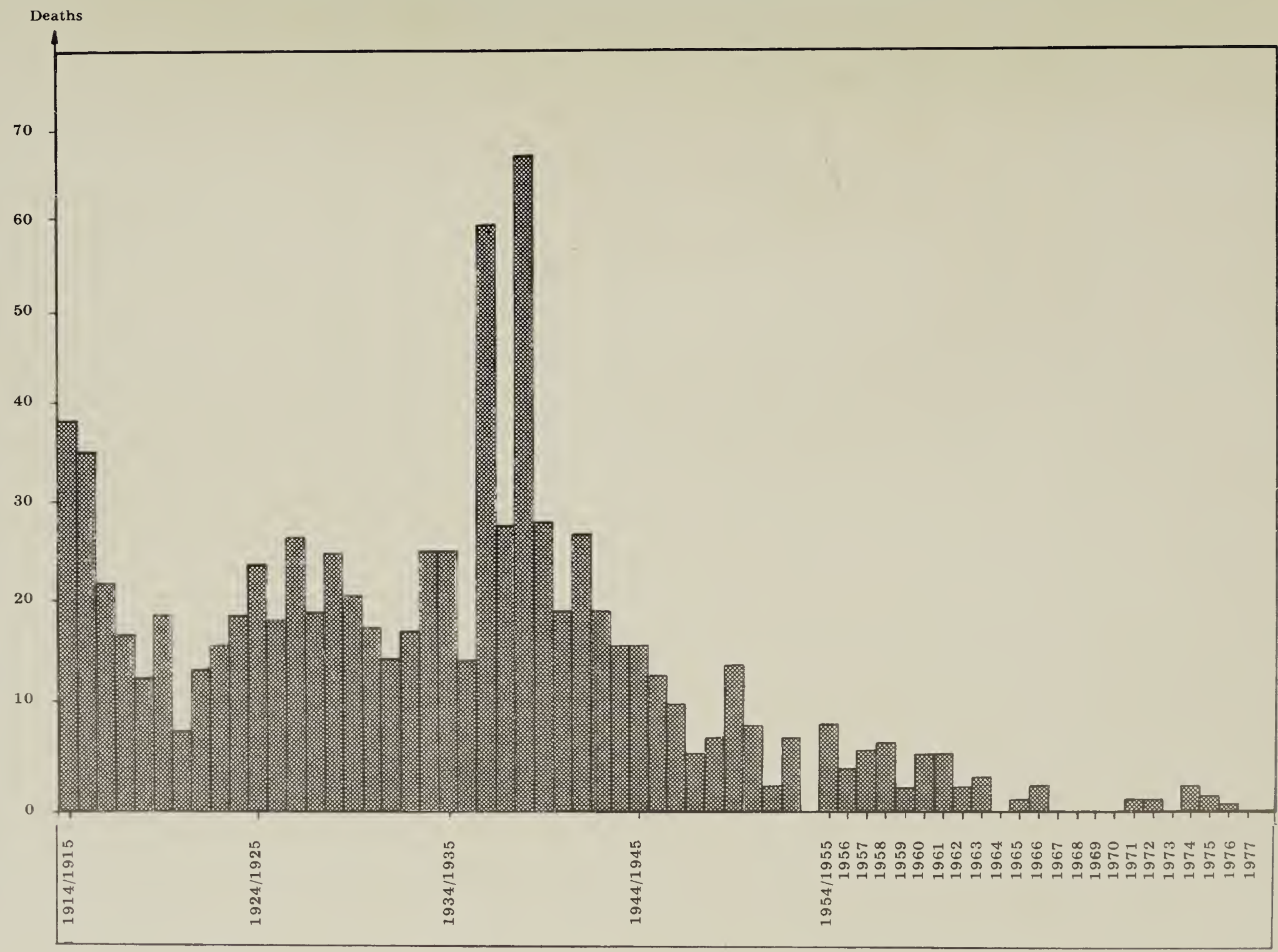


Figure: 7.8 *ANNUAL TOTALS OF REGISTERED DEATHS DUE TO DIPHTHERIA : 1914/1915 – 1977*



In addition to the local cases, the City Hospital admitted 35 non-resident cases during 1977 compared with 20 in the previous year and 149 in 1975 (during the Stellenbosch Divisional Council epidemic).

DIPHTHERIA

Priority rating

This terrible disease had been so tamed by immunisation that Notifications have fallen from 770 cases in 1940/1941 to between 4 and 11 cases each year of the past decade. The fall in Notifications over the past twenty years is dramatic enough (Figure 7.7).

There were 2 cases (1 Coloured and 1 Black) Notified in 1977. The incidence rates were 0; 0,20 and 0,79 per 100 000 population for Whites, Coloureds and Blacks respectively.

The Black case had been fully immunised but there was no record of the Coloured case having been immunised.

There were no deaths in 1977 and of all the 78 cases Notified from 1967 – 1976 only 6 died (7,7%). Deaths since 1914 are illustrated in figure 7.8.

Notifications and Deaths for 1977 and the preceding decade are detailed in Table VII.6.

Prevention

The big danger of a resurgence of this disease lies in parent complacency. The Child Welfare staff constantly seek to ensure that every child is fully immunised – nothing less is satisfactory.

Details of immunisation are to be found on page 50 and in Table IV. 10 .

Cases, contacts and carriers are excluded from institutions to prevent spread. There were no carriers Notified in 1977.

Early diagnosis is essential. Anti-toxin is given when any doubt exists because of the serious consequences of delayed therapy.

In addition to the local Notified cases, there were 4 non-resident cases admitted to the City Hospital from outside the Municipal area.

POLIOMYELITIS

(Acute anterior poliomyelitis)

Priority rating

There were 4 cases (1 Coloured and 3 Black) Notified in 1977. The Coloured was immunised, one Black was not immunised, no record was available on the other two cases.

The occurrence of poliomyelitis in Cape Town since 1915 is illustrated in Figure 7.9 and the incidence rates per 100 000 population 1968 – 1977 in Figure 7.10 Table VII.6 details Notifications, incidence rates and deaths for 1977 and the preceding decade.

There were no deaths in 1977 and of the 58 cases Notified over the decade 1967 – 1976 only 2 died (3,5%).

Prevention

Specific protection by means of the live attenuated oral poliovaccine has been the mainstay of preventive measures since 1961. Details are contained in Table IV.10 and see page 50 .

The practice of giving four doses of oral vaccine had been discontinued at the request of the State Health

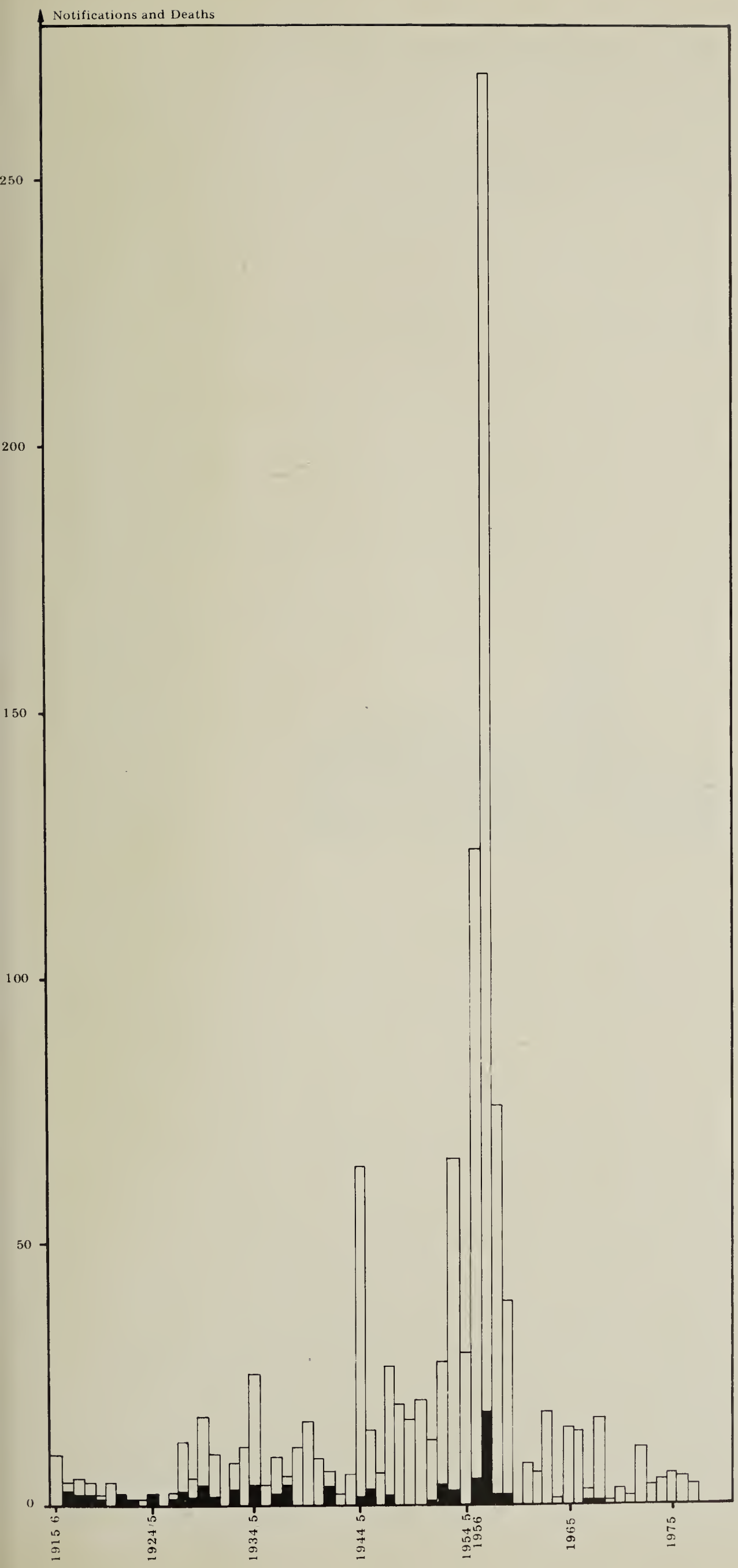


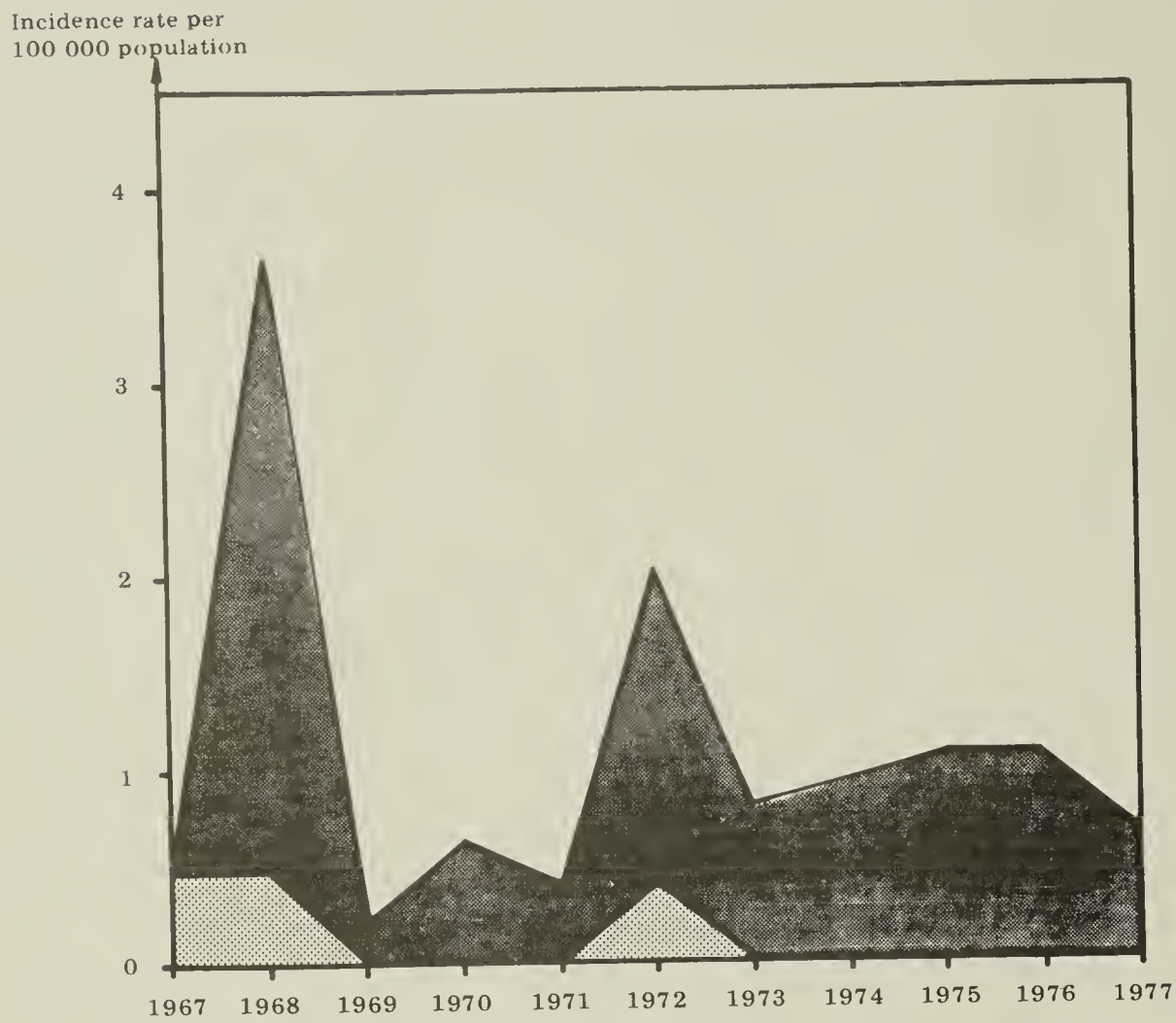
Figure: 7.9

NOTIFICATIONS AND DEATHS FROM ACUTE POLIOMYELITIS : 1915 - 1977

Notifications

Deaths

Figure: 7.10 *ANNUAL INCIDENCE RATES PER 100 000 POPULATION OF ACUTE POLIOMYELITIS : 1967 – 1977*



Department and only three doses were given as a routine during the year under review.

Poliovirus is ubiquitous in the Community and isolation of cases does little to prevent spread. Contact follow-up and immunisation are important.

In addition to the local cases there were only 7 cases admitted to the City Hospital from outside the Municipal area (compared to 35 in the previous year).

TETANUS (AND TETANUS NEONATORUM)

Priority rating

This disease should not occur in a modern community which has been fully immunised.

There were two cases of tetanus in Cape Town in 1977, one of whom died.

Notifications and deaths are detailed in Table VII.6 for the period 1967 to 1977.

Over the decade (1967 – 1976) there were 40 cases of whom 13 died (33%).

Intensive immunisation against the tetanus toxin is carried out on all neonates. See Table IV.10 and page 50 . Tetanus toxoid boosters and prophylactic injections at time of the injury are also essential in later life.

Treatment of tetanus cases is a function of general hospitals as they are not infectious. Treatment of established tetanus has poor results.

LEPROSY

Priority rating

There was one local case Notified in 1977 – a Coloured male whose Grandmother was an old case of Leprosy.

In the period 1967 – 1976 there were 10 cases notified, none of whom definitely contracted their disease locally.

Prevention

Good personal hygiene is sufficient to protect against this not highly infectious disease.

All cases are referred for treatment by the Central Government at Westfort near Pretoria.

PUERPERAL FEVER

Priority rating

There were 4 cases Notified in 1977, all of whom survived.

In the period 1967 – 1976, 17 cases were Notified and there was one death (6%).

Investigation of birth attendants to detect Streptococcal carriers is carried out routinely in such cases.

Prevention

No specific protection is possible. General hygienic measures should prevent the disease and birth attendants should be checked for nasopharyngeal carrier state.

Cases are treated in general hospitals and are no longer admitted to the City Hospital.

ERYSIPELAS

There were 2 White cases Notified in 1977.

In the preceding decade 1967 – 1976 there have been 13 cases – all survived.

OTHER NOTIFIABLE DISEASES

There were no cases of anthrax, brucellosis, Asiatic cholera, glanders, plague, rabies, relapsing fever, sleeping sickness (human trypanosomiasis), smallpox, trachoma or yellow fever Notified in municipal residents over the decade 1967 – 1976 or in 1977. Although there were no cases of the following diseases in 1977 there have been, in the decade 1967 – 1976, 13 cases of infective encephalitis, 2 cases of malaria and one case each of lead poisoning and typhus (murine). (See Table VII.8). Twelve of the infective encephalitis cases died (92%) and all the other cases apparently recovered.

Four cases of insecticidal poisoning were Notified between 1967 – 1976 (and none in 1977) – all survived. It is suspected that more cases were either not diagnosed or not Notified.

City Hospital in 1900

With acknowledgements to the Cape Archives

City Hospital in 1977

SECTION VIII – THE CITY HOSPITAL FOR INFECTIOUS DISEASES

This hospital was established in 1899 and can provide accommodation for 449 patients.

Admission and isolation of certain cases of communicable disease (not only Notifiable diseases) is by arrangement with the hospital authorities.

There are 15 wards which are situated in pleasant lawned grounds close to the centre of the City and adjacent to the Somerset Hospital.

Practical training of medical students and nurses, as part of their curriculum, takes place, and Registrars from the Departments of Medicine and Paediatrics of the University of Cape Town Medical School serve three month periods of rotation at the Hospital.

ADMISSIONS AND OCCUPANCY

The daily average number of beds occupied during 1977 is given for various diseases in Table VIII.1. The average daily number of patients in the hospital was 238 (243 in 1976) of whom an average of 170 (198 in 1976) were municipal residents and 68 (45 in 1976) were from outside the Municipal area.

Of the average daily number of local patients, 3,8^{0}/o (2,6^{0}/o in 1976) were White and the rest of other races, whereas of the average daily number of non-resident patients, 7,1^{0}/o (11,53^{0}/o in 1976) were White, reflecting the Regional nature of this hospital.

White infectious disease cases from the whole Western Cape are admitted but patients of other races are admitted from a smaller area because there are other facilities for them (e g at Worcester and Stellenbosch).

Admissions, discharges and deaths are detailed by race and sex in Table VIII.2.

Of the total of 2 146 (2 009 in 1976) patients either in hospital at the beginning of the year or admitted during the year, some 2,6^{0}/o (3,2^{0}/o in 1976) or 56 (65 in 1976) patients died during the year, 85,8^{0}/o (87,2^{0}/o in 1976) or 1 842 (1 751 in 1976) patients were discharged and 11,6^{0}/o (9,6^{0}/o in 1976) or 248 (193 in 1976) remained in hospital at the end of the year.

The age distribution of these 2 146 patients are detailed by race in Table VIII.3 – nearly 64^{0}/o were aged less than 5 years compared with 60^{0}/o in 1976.

EPIDEMIOLOGICAL DESCRIPTION OF CERTAIN DISEASES

Pulmonary Tuberculosis

Whites of both sexes and any age, but only young children and female adults of other race groups, are admitted to the City Hospital (older children and males of other races being provided for at the Brooklyn Chest Hospital). This admission policy affects the age, race, sex distribution of admitted patients as illustrated in Figure 8.1 (and see Table VIII.4); nevertheless this figure shows how much more affected are White males than females and how there is a rise in number of admissions with a rise to middle age of these White males. In contrast Coloured and Black female adult admissions are highest in the 15 to 34 years age group and fall off sharply with increasing age. These facts should be interpreted in the light of the demographic data contained in Figure 3.2 but it is probably true that the White data reflects the ever diminishing incidence of this disease over the past few decades while the Coloured and Black data reflects the vulnerability of females in their most fertile years.

There was no obvious seasonal trend to admissions and deaths (Figure 8.2). An average of 51 patients (52 in 1976) were admitted each month and deaths amounted to 2,8^{0}/o (3,3^{0}/o in 1976) of admissions.

31 infants or toddlers were admitted as contacts of their mothers.

Miliary Tuberculosis

There were 18 cases (7 local) admitted during the year, which are detailed in Table VIII.5.

Figure: 8.1 *ADMISSION TO THE CITY HOSPITAL OF WHITE, COLOURED AND BLACK PATIENTS WITH PULMONARY TUBERCULOSIS, BY SEX AND AGE-GROUPS : 1977*

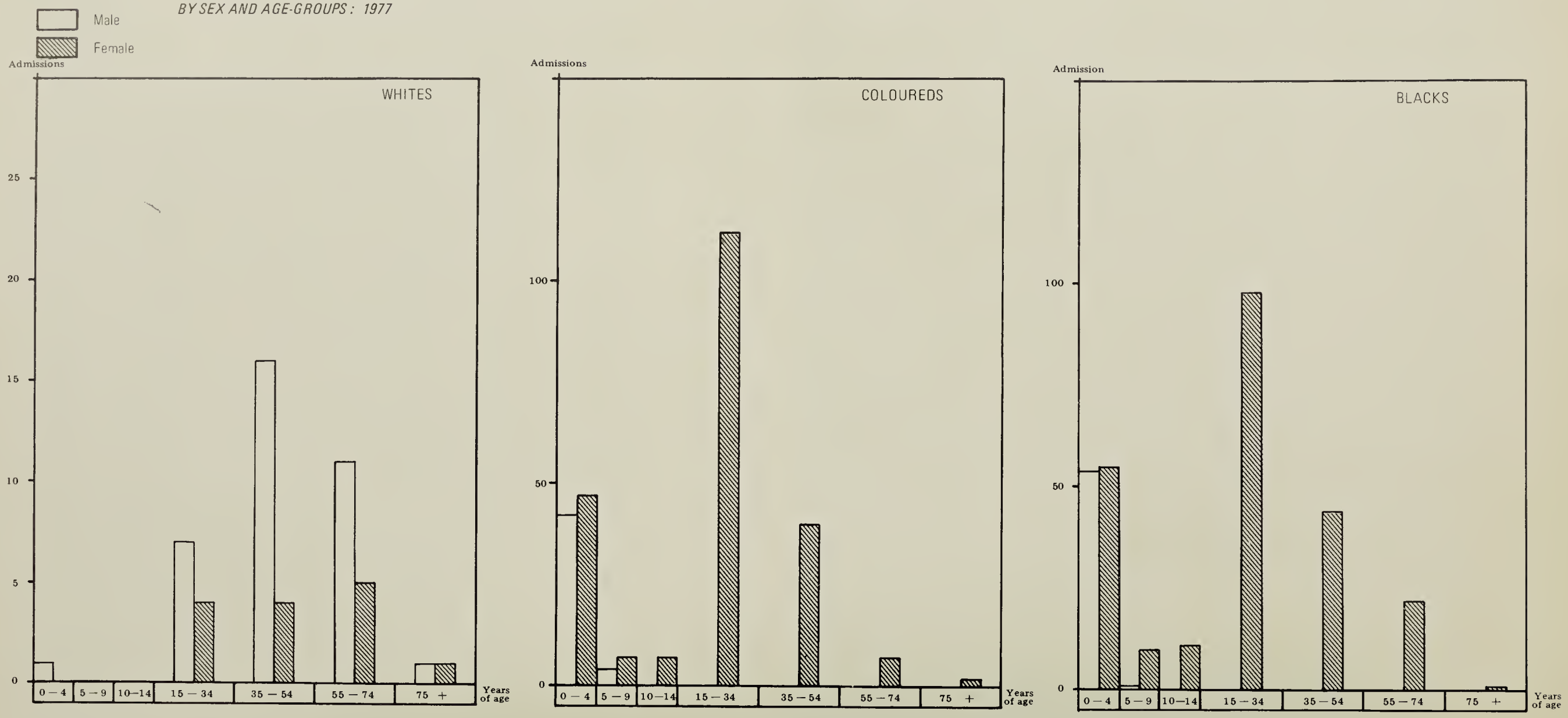
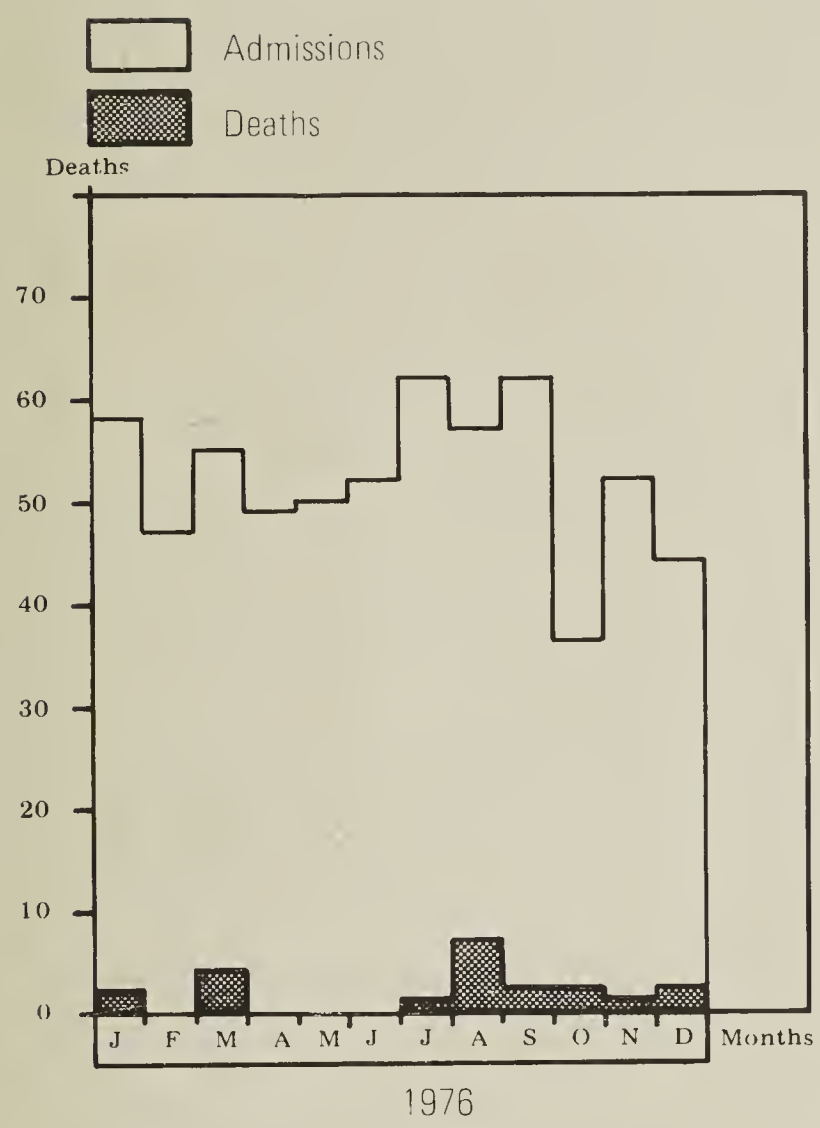
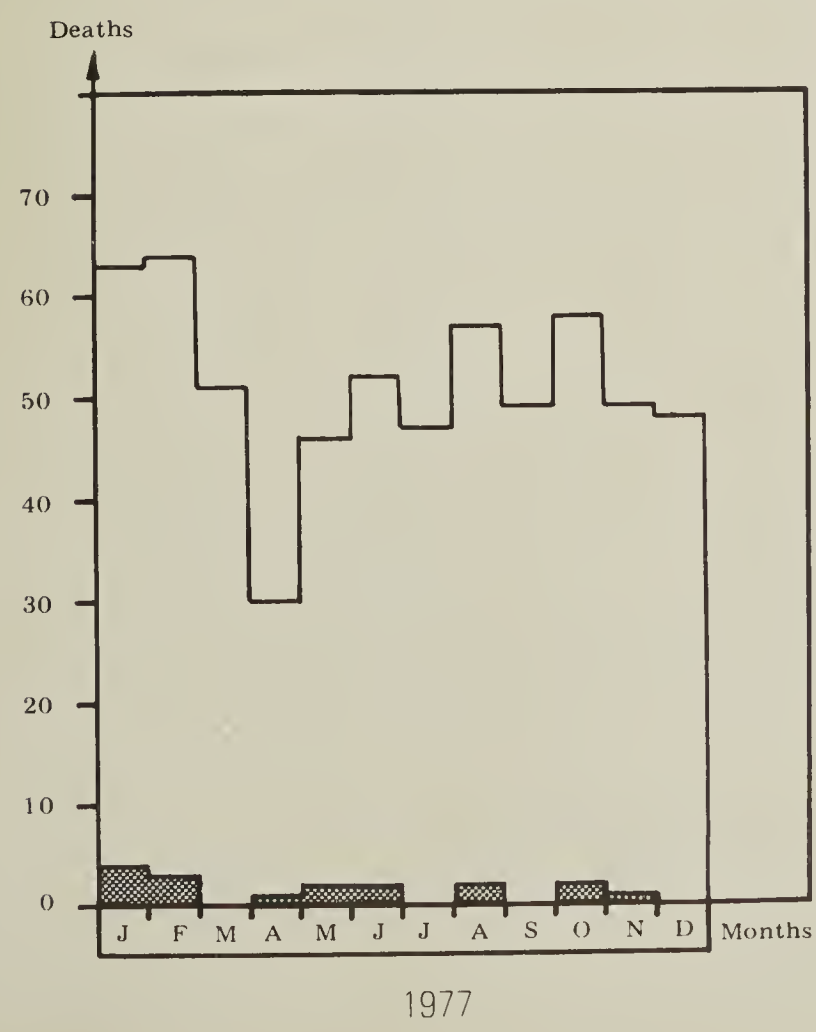


Figure: 8.2 *PULMONARY TUBERCULOSIS PATIENTS DYING AT, OR ADMITTED TO, THE CITY HOSPITAL BY MONTH OF ADMISSION : 1976 and 1977*





TUBERCULOUS MENINGITIS

The same admission policy concerning age and race of patients applies as for Pulmonary Tuberculosis.

There were 31 Coloured and 20 Black (12 Coloured and 20 Black in 1976) admissions (see Table VIII.6) with a winter seasonal trend in that 64%o of the cases were admitted over the six months period April to September (65%o of 1976 cases being admitted in the same period).

Of these cases 23 (17 in 1976) were Cape Town residents of whom 7 (6 in 1976) had records of having received BCG. A history of BCG administration without documentary evidence was obtained from a further 6 cases (one of whom had a BCG scar).

The documented BCG administration had taken place in 1969 – 1 case, 1970 – 1 case, 1971 – 1 case, 1976 – 1 case, 1977 – 3 cases.

Measles

The severe toll taken by this childhood disease is revealed in Table VIII.8. Most cases were aged less than two years (see Figures 8.3 and 8.4).

The seasonal pattern of admissions is illustrated in Figure 8.5, 64%o (67%o in 1976) being admitted in the 6 months April to September.

The figures include out of City cases and so cannot be converted to incidence rates as the population served is not defined in this report.

Measles admissions aged less than 1 year are illustrated in Figure 8.6 which shows that 55%o were admitted before the age of 9 months which is the age for immunisation at present in force in the City for 'at-risk' children. Consideration is being given to lowering the age of immunisation to 6 months with suitable booster doses of vaccine.

The mortality of admitted cases was 3,08%o in 1977 (3,8%o in 1976). Of the 778 (626 in 1976) admissions 24 died (11 Coloured and 13 Black) in 1977 as in 1976 (14 Coloured and 10 Black).

Cerebrospinal Fever

There were 205 cases of this disease admitted (see Table VIII.8).

It is of interest that whereas Blacks accounted for 36%o and Coloureds for 58%o of measles admissions, Blacks accounted for only 9%o and Coloureds for 89%o of cerebrospinal fever admissions. It is likely that this disparity is due to the fact that measles is more serious in Blacks because of nutritional and other socio-economic factors – whereas every case of cerebrospinal fever is life threatening, measles cases who are well nourished and have better home circumstances (as is more often the case with Coloured than with Black families) do not usually warrant admission. Figures 8.7 (all races) and 8.8 (Coloured only) illustrate the age – sex distribution of CSF admissions.

There was an increased number of admissions in late winter/spring (Figure 8.9).

Mortality was highest in Blacks at 6%o (1 death for 18 admissions), then Coloureds at 0,5%o (1 death for 183 admissions). There were no White deaths (4 admissions) or Asian deaths (nil admissions).

Overall mortality of admitted cases was 1%o (NB: many cases die before admission and the mortality rate of local Notified cases is 17%o – see Section VII page 80).

Poliomyelitis

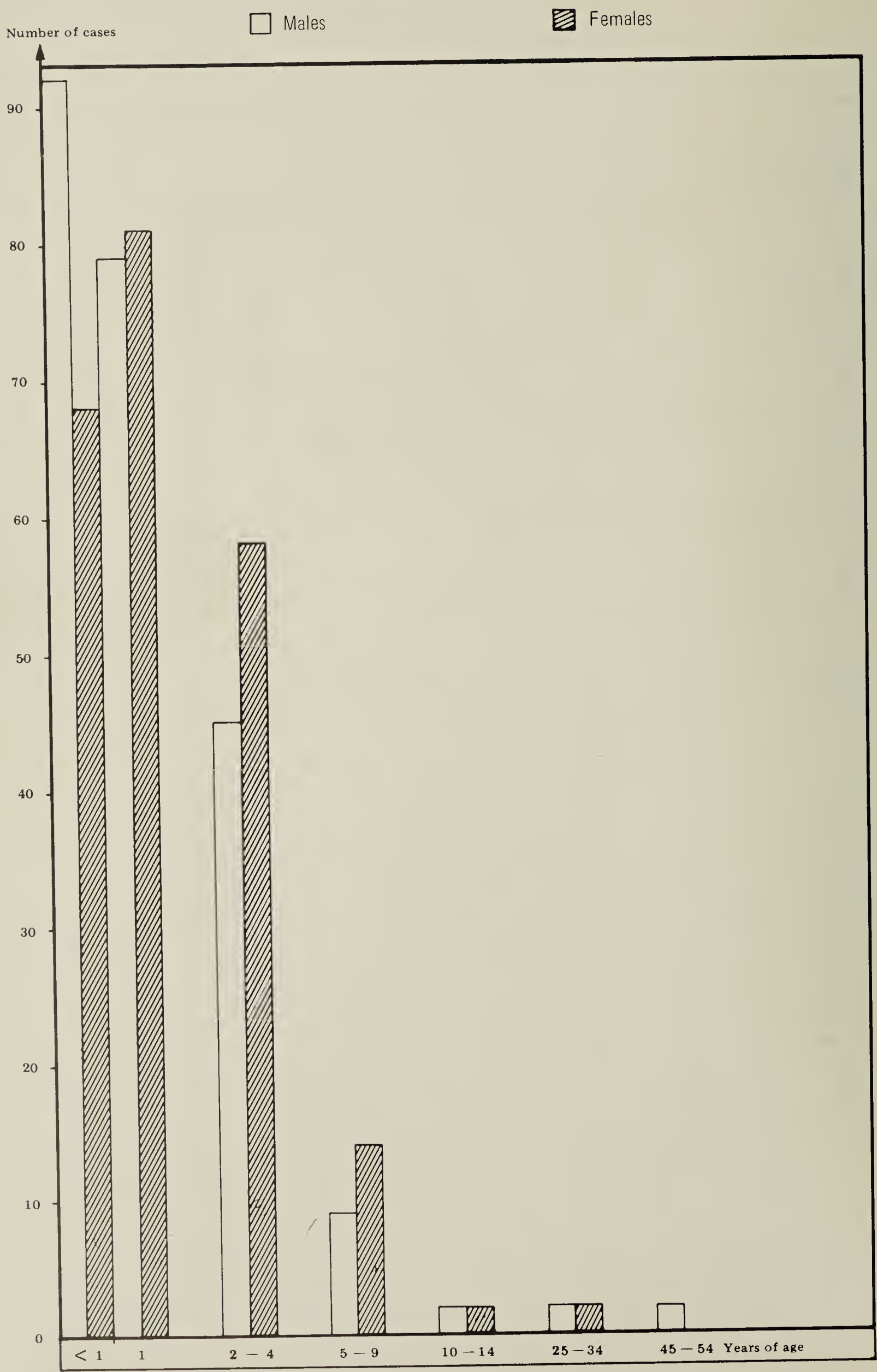
Admissions are tabulated in Table VIII.10 and illustrated in Figure 8.10.

Blacks and Coloureds accounted for 5 each of the 11 cases, the remainder being White.

All cases were admitted in the period January to July.

Figure: 8.3 *BLACK PATIENTS ADMITTED TO THE CITY HOSPITAL WITH MEASLES, BY SEX AND AGE-GROUP : 1977*

Figure: 8.4 *COLOURED PATIENTS ADMITTED TO THE CITY HOSPITAL WITH MEASLES, BY SEX AND AGE-GROUP : 1977*



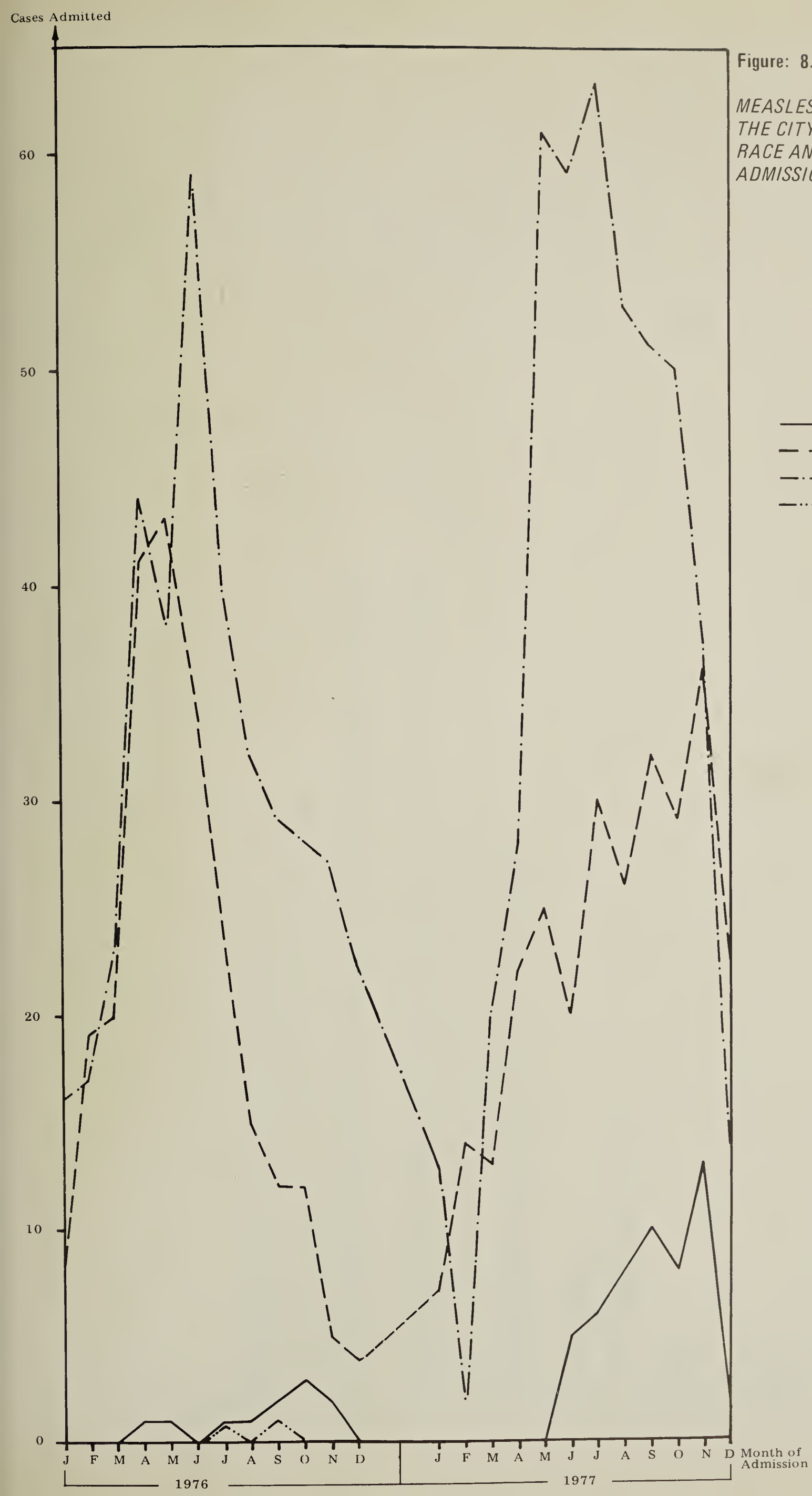


Figure: 8.5

MEASLES ADMISSIONS TO THE CITY HOSPITAL BY RACE AND MONTH OF ADMISSION : 1976 – 1977

Figure: 8.6 *MEASLES ADMISSIONS FROM CAPE TOWN CITY AND DIVISIONAL COUNCIL AREAS TO CITY HOSPITAL IN 1977 – INFANTS UNDER THE AGE OF ONE YEAR BY MONTHS OF AGE*

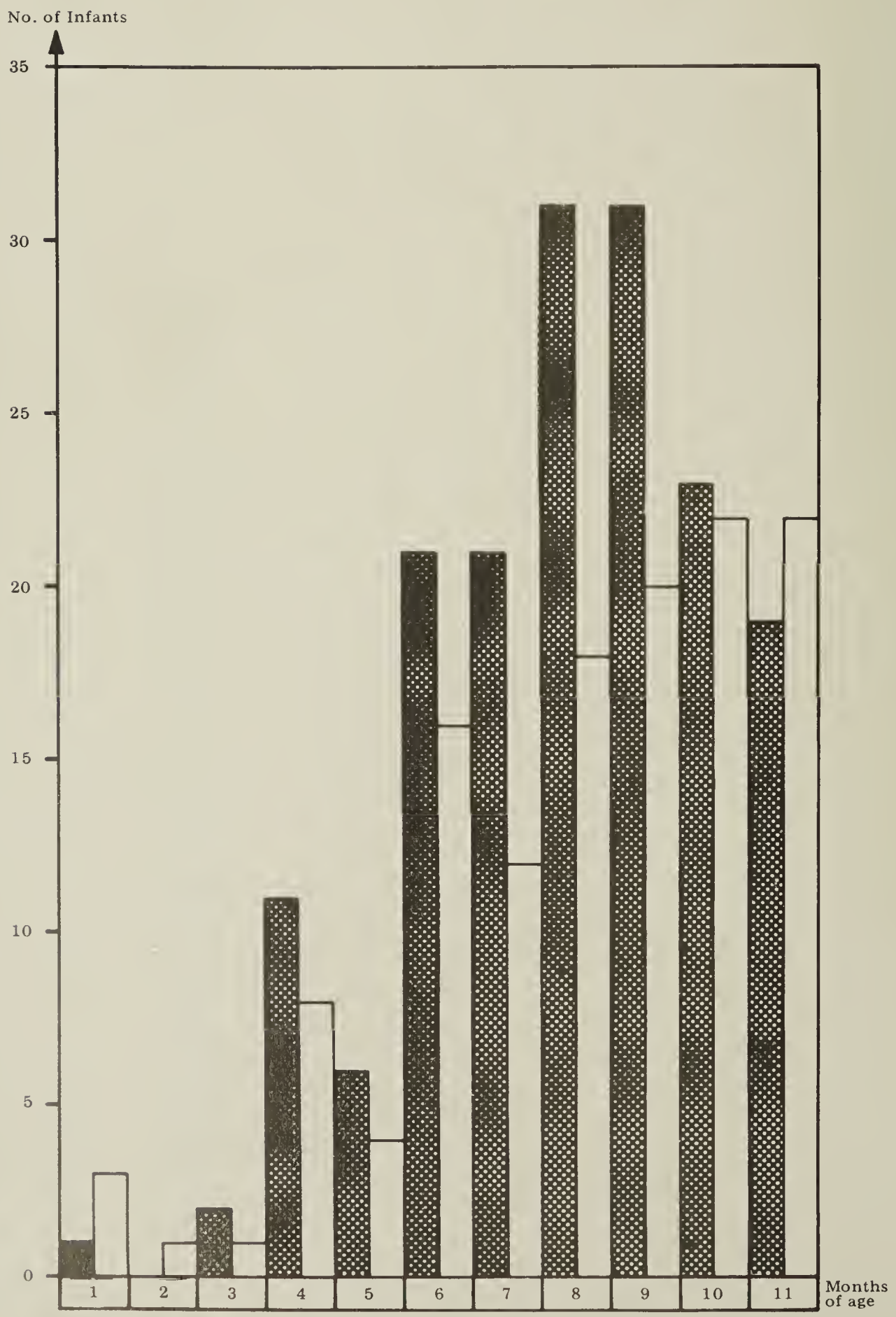


Figure: 8. 6A *MEASLES CASES ADMITTED TO CITY HOSPITAL BY MONTH OF ADMISSION : 1974 – 1977*

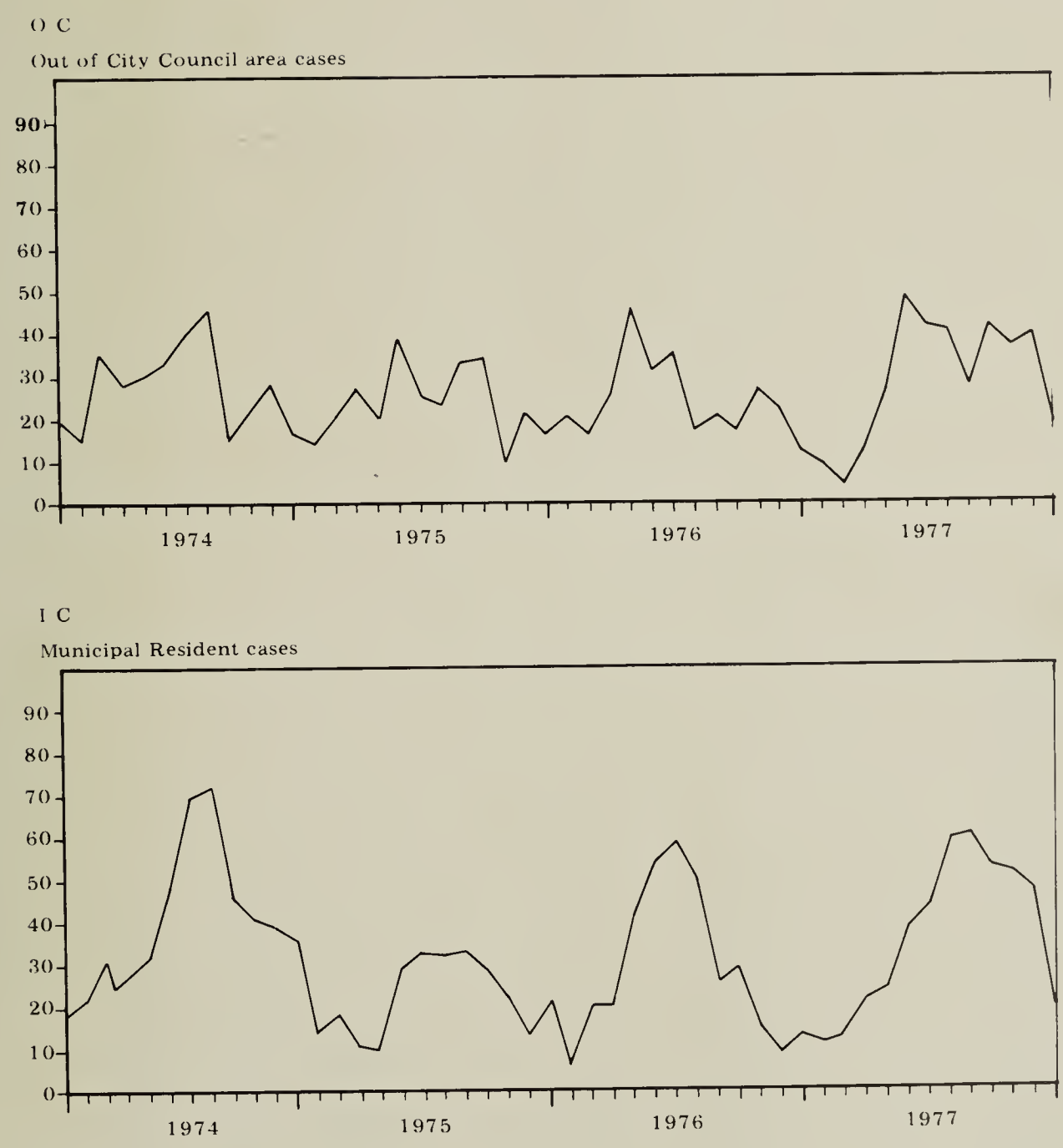


Figure: 8.7 *CASES OF CEREBRO-SPINAL FEVER ADMITTED TO THE CITY HOSPITAL BY SEX AND AGE-GROUP: 1977*

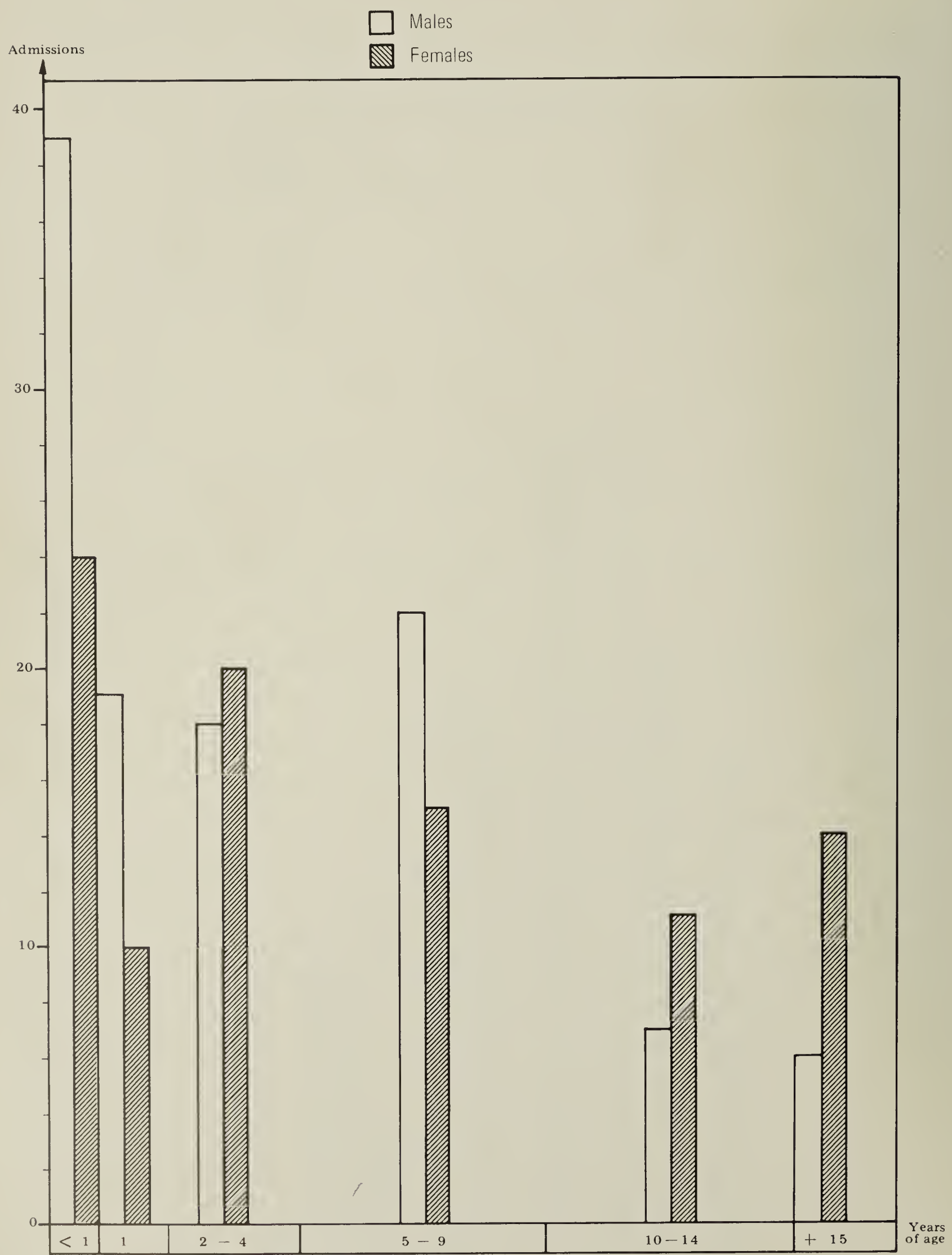


Figure: 8.8 *COLOURED CASES OF CEREBROSPINAL FEVER ADMITTED TO THE CITY HOSPITAL BY SEX AND AGE-GROUP : 1977*

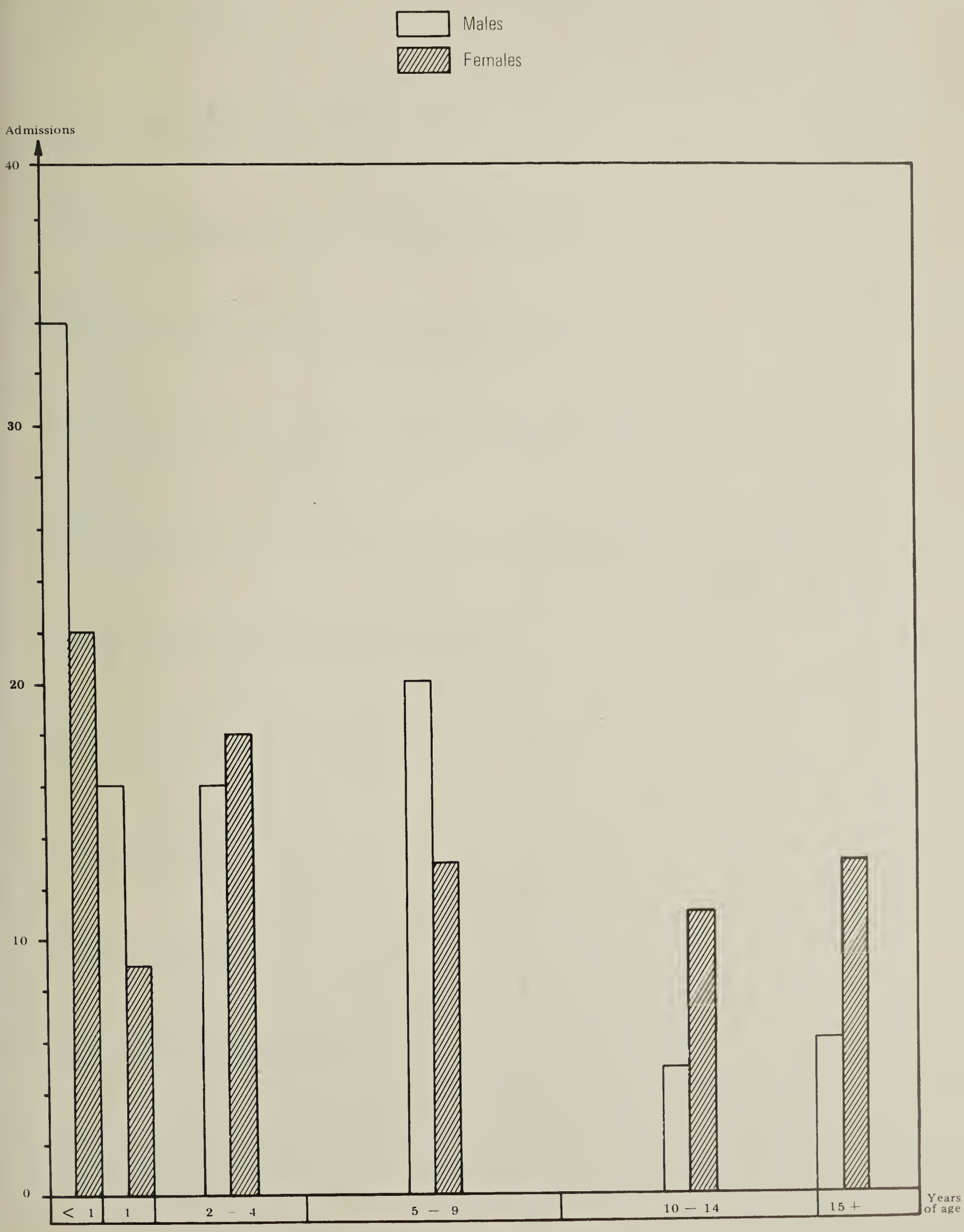


Figure: 8.9 *CASES OF CEREBROSPINAL FEVER ADMITTED TO THE CITY HOSPITAL BY RACE AND MONTH OF ADMISSION : 1977*

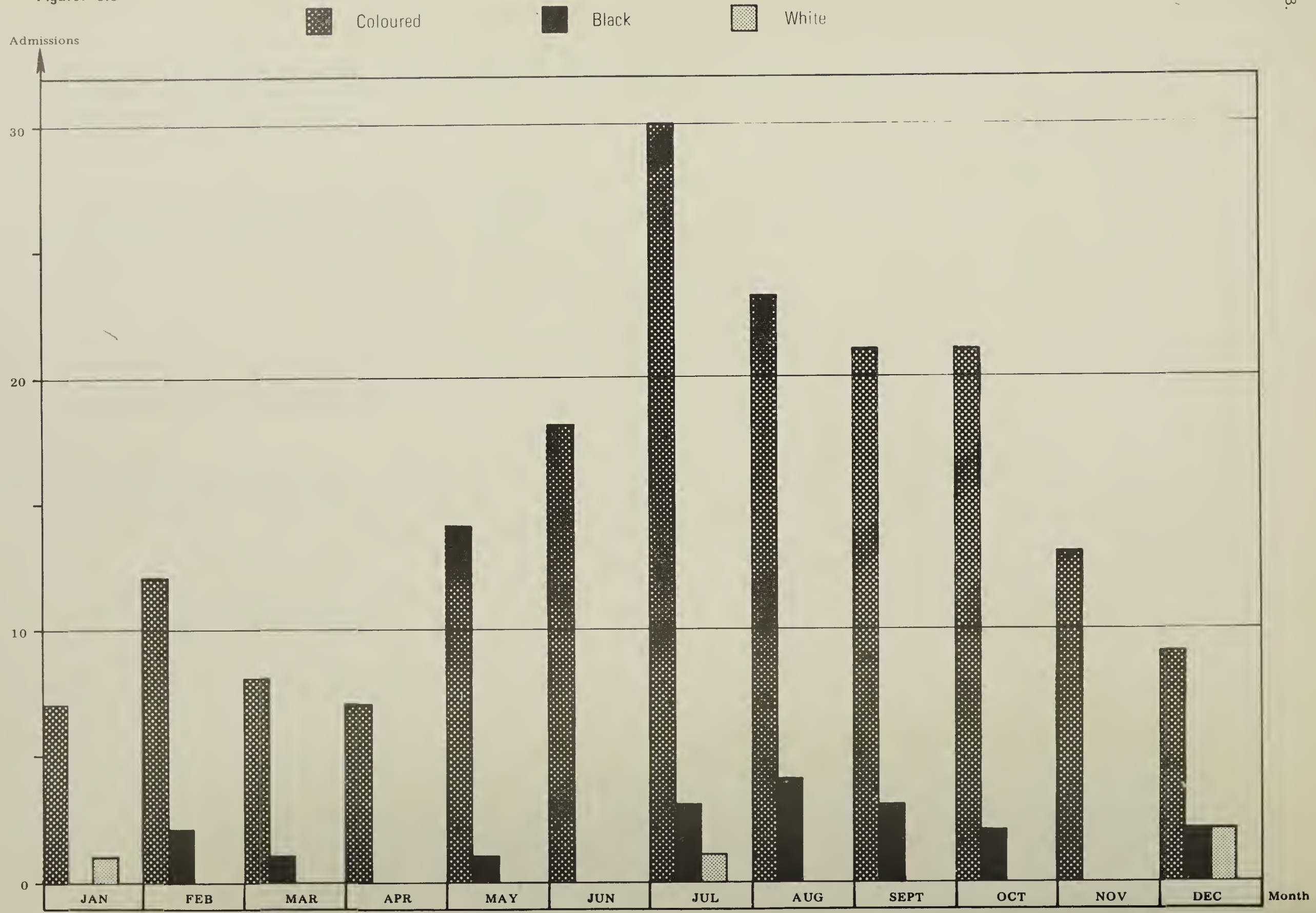


Figure: 8.10 *ADMISSIONS OF CASES OF TYPHOID AND ACUTE POLIOMYELITIS TO THE CITY HOSPITAL BY SEX AND AGE-GROUP : 1977*

There were no deaths.

Only 4 cases were local, the rest being resident in outlying areas.

Typhoid Fever

Forty-three of the 72 admissions were Coloured (see Table VIII.11) 20 Black cases and 6 White cases were also admitted. There was no seasonal fluctuation.

The age distribution of cases is illustrated in Figure 8.10. Unlike poliomyelitis, which is also spread by the faecal-oral route, the cases admitted were older children or adults.

Diphtheria

Table VIII.12 details admissions by age, race, sex and month of admission. There were 4 Coloured and 2 Black cases.

Seventy per cent (9 out of 13 admissions) of cases were admitted in the spring/early summer months of September, October, November.

There were no deaths.

Whooping Cough

Table VIII.13 details admissions by age, race, sex and month of admission. There were 24 Coloured (80%), 4 Black (13%) and 2 White (7%) admissions. Two thirds (18) were aged under one year. There were few cases in mid-winter.

There were no deaths.

Chicken Pox

Table VIII.14 gives details of the 59 admissions (5 White, 40 Coloured and 14 Black) of whom 3 Coloured patients died. Only complicated cases are admitted or those where chicken pox has complicated an underlying disease such as leukaemia.

Syphilis

One Coloured female was admitted in May.

Leprosy

One Coloured male was admitted in October.

Viral Hepatitis

Two White males and three Coloured females were admitted. There were no deaths (but see page 83).

Other Diseases

Table VIII.15 gives age—race—sex details of the admissions of 57 patients who were suffering from other miscellaneous conditions. Many of these were originally diagnosed as one or other infectious disease and then shown not to be suffering from it. Other had mumps, PUO, gastro-enteritis, influenza, glandular fever and impetigo.

Langa and Guguletu : Admission of Langa and Guguletu residents to this hospital is arranged for a number of notifiable and other communicable conditions.

Table VIII.16 details the diagnosis on admission for certain Langa and Guguletu residents admitted to the City Hospital in 1977.

CLINICAL ROOM AND X-RAY DEPARTMENT

This Department is used for special procedures in regard to in-patients and out-patients and to staff.

Attendances and procedures are detailed in Table VIII.17.

The surgical consultation refer to the panel of thoracic surgeons and representatives of the two Tuberculosis hospitals in Metropolitan Cape Town, who assess cases for surgery.

The Dental Officer of the City Health Department attends periodically and provided treatment for 37 patients during the year.

AMBULANCE AND DISINFECTING STATION

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious diseases, two vans for the transport of infectious and disinfected bedding, and two vans for the distribution of supplies to the municipal clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers.

This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer, is in charge of the disinfection station.

(The general ambulance service for the Cape Peninsula is operated by the Town Clerk on behalf of the Cape Provincial Administration).

The infectious disease ambulances conveyed 3 054 patients over a total of 76 261 km, being 1 888 return trips from the City Hospital and back and 727 trips from the City Hospital to transfer patients from other hospitals to other hospitals or premises.

Other vehicles covered 266 769 km during the year.

SECTION IX – DENTAL SERVICE

THE NATURE OF THE SERVICE AND ITS FINANCING

The dental service operated by the City Health Department for many years, to the undoubted benefit of Municipal residents, embraces both a subsidised indigent service for all races and a refundable school service for Whites and Coloureds.

Total expenditure on the service in 1977 amounted to R242 473 which is illustrated in Figure 9.1 (a), (b) and (c) as to the source of income and the destination of the finance.

There are no fees levied on patients making use of the refundable school service, as the dental care of these White and Coloured children is the statutory responsibility of the Provincial Administration and the State Health Department respectively and costs are fully refunded by these bodies. The service to Coloured school children is gradually being taken over by the State Health dental service as this newly formed body expands and is able to cope with the workload.

Patients availing themselves of the subsidised indigent service are expected to pay fees in accordance with their income and a fully qualified Social Worker is responsible for assessing the level of indigency in every case. The revenue obtained from patients over the period 1973 to 1977 is detailed in Table IX.1 in relation to new and total attendances and the number of sessions. In 1977 the revenue per new patient averaged R2,52; per attendance averaged R1,10; and per session averaged R16,27.

THE WORKLOAD ON THE DENTAL SERVICE

The work performed at the ten Council dental clinics and at two local institutions during the year is summarised in Table IX.2.

Trends over the years 1974 to 1977 in new and total attendances are detailed in Table IX.3.

Overall total attendances fell by 19,6^{0}/o from 1974 to 1975, by 17,9^{0}/o from 1975 to 1976 and by 28,2^{0}/o from 1976 to 1977. These falls can largely be ascribed to the gradual takeover by the State Health Department of the Coloured school child service, and to the civil unrest in 1976 which resulted in the closure of the Langa and Guguletu dental clinics for the greater part of 1976 and 1977.

The expansion of the State dental service has relieved the Council dental service of a considerable amount of work involved in treating Coloured school children, the number of sessions for these patients decreasing by 12,2^{0}/o from 1974 to 1975, 54,1^{0}/o from 1975 to 1976 and by 47,8^{0}/o from 1976 to 1977.

Extractions have for years been performed under general anaesthesia but this method is becoming more expensive and alternatives are under review. There will always be a group of very young children requiring extractions for whom general anaesthesia is indicated.

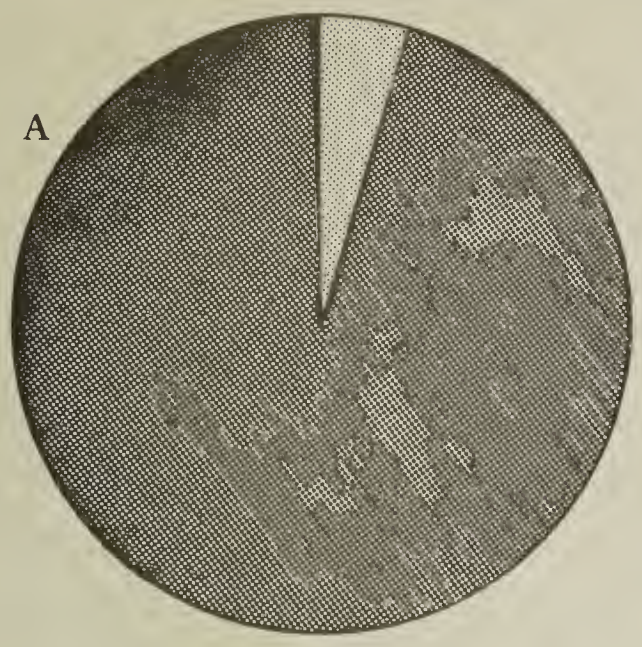
One result of the high extraction rate is a high demand for dental prostheses and in 1977 the direct cost of providing these amounted to R25 857 (of which R18 636 was refunded by the State Health Department and R7 221 was paid in fees by the patients).

There is little likelihood that the overall picture of dental health in Cape Town, which is extremely bad in the Coloured group, can be significantly improved without fluoridation of the water supplies. It is devoutly to be hoped that State Health Department will make this a cornerstone of their new Dental Health Policy in so far as Cape Town is concerned.

The Dental Branch is an integral part of the polyclinic service

Figure: 9.1 *EXPENDITURE (A); AND INCOME FROM GENERAL SERVICES (B); AND FOR SERVICES AT SCHOOLS AND IN THE B.A.A.B. AREAS (C) : DENTAL SERVICE : 1977*

A



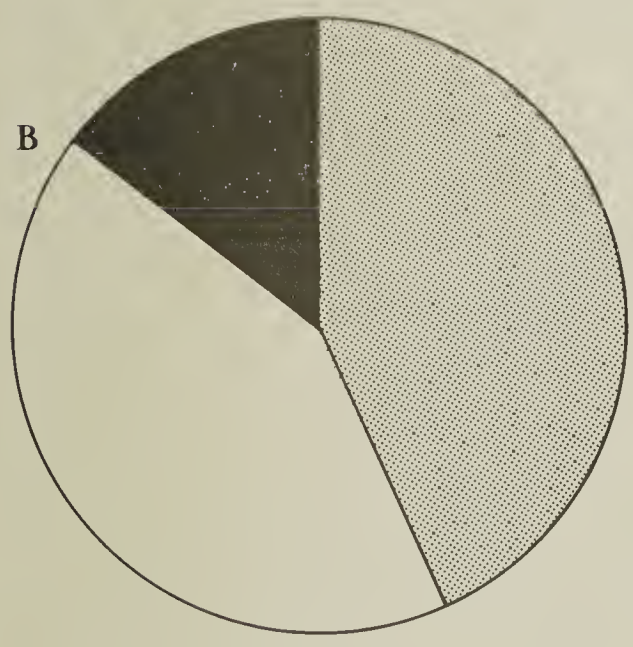
Schools R11 832

General Services R230 264

B.A.A.B. Areas of Langa and Guguletu R377

Total R242 473

B



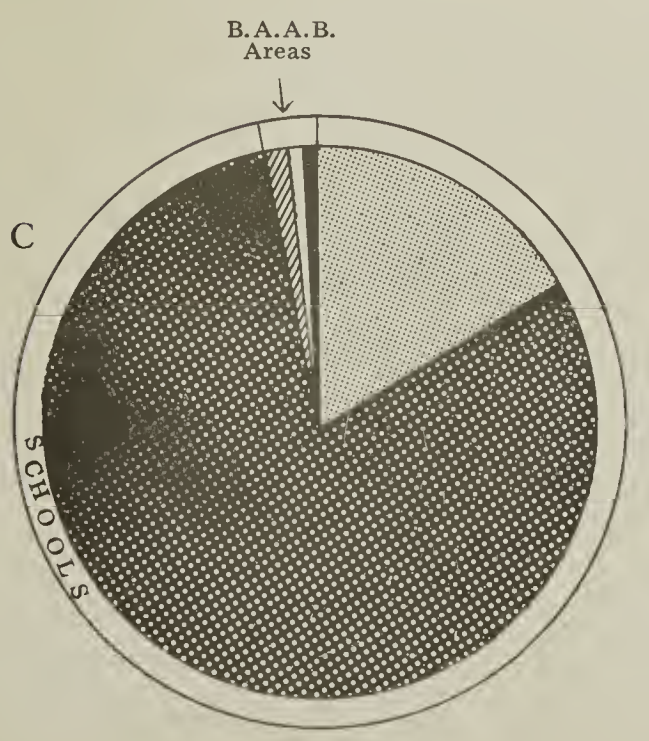
Cape Town City Council R99 140

State Health Department R98 159

Fees R32 965

Total R230 264

C



White Schools – Cape School Board R2 047

Coloured Schools – State Health Department R9 785

Total R11 832

Patients fees R157

State Health Department R110

Bantu Affairs Administration Board B.A.A.B. R110

Total R337

SECTION X – OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1977 the work was carried out by medical practitioners with the co-operation of the District Nursing Organisation of the Cape Provincial Administration. Arrangements for the supply of medicines etc. are made with local chemists.

In addition, applications are received from persons seeking assistance to purchase spectacles under poor relief regulations.

One half of the cost of medical attention and the full cost of surgical appliances and spectacles are refunded to the Council by the State.

During the year, 72 applications for free medical attention and 8 005 applications for spectacles were received. The sum of R29 352,65 was collected towards the cost to the Council of R139 703,35 for spectacles.

FREE BURIALS

The Public Health Act places upon the local authority the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the local authority, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the council. In the year the number of such burials was 170.

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and for admission to the municipal pension fund are carried out by the department. During the year 3 111 attendances were recorded as on Table X.1. The Department also provides medical attention for Fire Brigade and Traffic personnel.

CLEANSING STATION

(SCABIES AND PEDICULOSIS)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a clinic assistant, who works under the supervision of a medical officer and has two assistants. The work consists mainly of the treatment of scabies, pediculosis and impetigo.

The attendances in the year under report were as in Table X.2.

The Cleansing Station only covers the local area of District Six, Woodstock, Salt River and Observatory, but scabies is also treated where necessary at the child welfare centres in other areas and plans to proceed with a second cleansing station in Athlone were drawn up.

SECTION XI – ENVIRONMENTAL HEALTH

1. HEALTH INSPECTION

Control over the quality of the environment has always been a major function of local authorities. In a large city such as Cape Town the problems posed by such a concentration of people needing clean air, pure water, sound food, comfortable housing and freedom from environmental or occupational hazards are multiplied by the biological and industrial wastes produced by them.

The Health Inspectorate staff of the City Health Department is detailed in Section 1 from where it will be seen that there are five Divisional Health Inspectors each controlling a geographic segment of the Municipal area from offices within that area. Within these divisions the establishment of comprehensive Community Health Centres has allowed for the posting of Health Inspectors closer to their field of operations and has allowed for a more wholistic approach to health care. With the expansion of the Health District/Community Health Centre concept there will inevitably be some reorganisation of the existing divisional boundaries. At present there are Divisional offices at Libertas (2 divisions), Woodstock, Rondebosch and Wynberg with individual inspector's offices at Silvertown, Retreat, Kensington, Athlone Central, Bonteheuwel, Newfields, Heideveld, Langa and Guguletu.

From their title it is to be expected that Health Inspectors inspect as a major part of their work. The inspections and other work carried out on district during 1976 – 1977 are tabulated in Table XI.1.

Action taken in respect of the above inspections is tabulated in Table XI.2, the total number of notices served in 1977 being 2 583 (items which were included thereon being detailed in Table XI.3).

Apart from general responsibility for environmental health and the control of staff in their Divisions, the Divisional Health Inspectors are responsible for food sampling in their area in terms of the Foodstuffs, Cosmetics and Disinfectants Act, Act No. 54 of 1972 (see page 125).

The Health Inspectorate is also involved in water sampling, the implementation of the Municipal food handling regulations (including meat and butchers' vehicle control and the control of food at the Market); the inspection of housing for purposes of the Housing and Slums Acts, the supervision of public sanitary conveniences and the inspection of "premises under the offensive Trades Regulation and the Registration and Licensing of Businesses Ordinance."

Air Pollution Control, Milk Control and Pest Control are entrusted to specialised Health Department staff; the abattoir is under the control of the Town Clerk and the Director of the Abattoir; Drainage, Sewerage and Refuse Removal are functions of the City Engineers Department; Housing falls under the Town Clerk.

All these aspects of environmental health are discussed in the following sections.

While every effort is made to health educate the public and to persuade offenders to rectify matters it is sometimes necessary to resort to legal proceedings, a record of which is summarised in Table XI.4.

Langa and Guguletu : Two Health Inspectors are stationed at Guguletu and one at Langa. A record of their Inspections is contained in Table XI.1.

As a result of these inspections 75 formal written notices were issued in Guguletu and 8 in Langa. An additional 29 verbal notices in Guguletu and 14 in Langa were complied with before written notices needed to be issued.

The Health Inspectors were also responsible for delousing and vaccinating 25 253 persons at the Langa vaccination centre.

2. AIR POLLUTION

The function of the Air Pollution Control Branch is to administer Section III of the Atmospheric Pollution Prevention Act No. 45 of 1965, as amended, on behalf of the Medical Officer of Health to whom authority is delegated by Council.

This work entails the control of emissions from all fuel-burning appliances within the Municipal Area.

The whole of the Municipal Area has been declared 'Smoke controlled' since 1968 and Regulation 1997 Relating to Smoke Control, promulgated in terms of Section 18 of the Act applies to the whole of the area.

In addition Smoke Control Zones, or Smokeless Zones as they are popularly known, are being declared at regular intervals. To complement the First Zone, declared in 1976, a further three zones were added in 1977, thus enlarging the area within the amphitheatre which is now smokeless.

In these zones nineteen contraventions of the smoke density limit were observed and visited. In all cases the smoke was caused in attempting to ignite the approved smokeless fuels. These fuels are less reactive than ordinary bituminous coal and consequently it is more difficult to establish the fire. Opportunity was taken in each case to explain or demonstrate a smokeless technique.

A system of inspection of the smokeless zones was evolved to enable a more efficient use of the limited man-power available.

VISIBLE POLLUTION

On sixty-one days in 1977 visible pollution occurred on the Foreshore and Harbour area. Forty-seven of these affected the City.

It is not often that visible pollution can be seen in the City at eight o'clock in the morning although visibility on the Foreshore may be severely restricted. After that time the smog often drifts into the City before dispersing; usually before noon.

Because the smog normally disperse during the day and we very rarely experience a further overnight inversion superimposed on the previous day's pollution, daily averages, and indeed annual averages are below acceptable overseas average values.

This is no justification for complacency and it is, in spite of improvement, still considered to be an intolerable degree of visible pollution.

As stated on previous occasions in this report there is nothing that can be done to prevent inversion conditions occurring in the atmosphere. The efforts of this Branch are therefore directed towards improving the efficiency of fuel-burning, encouraging the use of alternative fuels which are considered 'less smoky' and reducing the number of fuel-burning appliances in general.

Towards the end of the year a particular exercise was undertaken which prevented the inspectors from regularly visiting all areas. On completion of the exercise and return to normal duties it was noted with dismay that considerable relaxation had taken place and many instances of unnecessary smoke were corrected. It did, however, prove that whatever standards are now achieved will quickly deteriorate if not continually monitored.

COMPLAINTS

Details of complaints received are given in Table XI.7.

The general public thinks that anything that is emitted to atmosphere in such concentration that it is offensive to sight or smell or becomes a nuisance can be classed as air pollution. Their complaints cannot always be dealt with under the Atmospheric Pollution Prevention Act and recourse has to be made to other legislation in order to deal with them.

GENERAL WORK DONE

Table XI.6 also sets out the routine work on complaints, plans examined, approvals given etc.

Air Pollution control officials assess smoke density

Table XI.5 gives a breakdown of appliances approved during the year.

It is interesting to note that no new coal-burning appliance was approved.

Diesel oil was the fuel specified in the majority of cases.

In large steam boilers the competition is between Heavy-Fuel Oil and coal. It seems that industry has lost its fear of an oil shortage and is prepared to pay a little more for the convenience and flexibility of oil.

Seventeen certificates of approval were issued for the replacement of chimneys which usually meant increased hight and better dispersal of products of combustion.

VEHICLE POLLUTION CONTROL

Part V of the Act which covers the control of smoke from diesel vehicles is still administered by the Traffic Manager. This Department cannot consider relieving the Traffic Manager of this duty until such time as more staff may be appointed. While Council has approved of a further appointment of Smoke Control Inspector the Minister of Health has stated that he has no objection to the appointment but that no part-refund of salary can be paid. Thus vehicle emission control and other aspects of air pollution control will, of necessity, continue to be done by those departments of the Council which are not hidebound by salary refund and are able to employ more staff.

MEASUREMENT

Measurement of air pollutants is carried out by the Chemical Branch of the City Engineers Department for this Department.

Seven measuring stations using SO_2 Bubblers are maintained which yield average values of three measuring periods per week.

Six deposit gauges which collect dust and rainfall are changed monthly.

The Annual average for all stations for these pollutants are plotted on graphs. It can be seen that the downward trend is continued.

It may also be seen, when comparing the slopes of the SO_2 graph with that of Soiling Index (visible pollution), that the SO_2 level is dropping at a greater rate than the particulate matter. This phenomenon was first observed in London and the conclusion was reached that the atmosphere is better able to cope with gaseous pollutants if there are no particulates present.

1977 was a good year from the visible pollution aspect; there being only 61 days on which visible pollution was observed as opposed to 89 in 1976, 95 in 1975, and 82 in 1974.

Continuous recorders which reflect the peak concentrations and their duration are also in service.

SO_2 is measured at City Hall and Epping Fire Station.
Soiling Index (smoke) is measured at City Hall and Green Point.
Nitrogen Oxides at City Hall.
Lead in air at City Hall.

Graphs are plotted for each of these pollutants showing the diurnal pattern. Average values are taken for each hour throughout the whole year.

It can clearly be seen that pollution in the City overnight is normally low, whether it be SO_2, smoke, NO_x or lead; builds up to a peak from 6 – 10 am then falls away. The NO_x recorder then shows a smaller peak in the late afternoon which reflects rush-hour traffic.

The lead values follow the same pattern as other pollutants except that the levels do not disperse as easily.

The scales for these graphs are chosen to demonstrate the changes hour-by hour and must not be construed

as high values.

e g U.S.A. long-term goals, or targets to be attained by control measures are an hourly mean of 22 ug/m^3 and a daily mean of 10 ug/m^3.

Even on our worst polluted days we rarely reach a value of 10 ug/m^3 for a 2-hour period and have not to date reached a daily mean of 5 ug/m^3. In other words our levels are half what the U.S.A. standards are aiming to get down to over a long-term programme of control.

Nevertheless it is considered necessary to measure these values so that we know what the levels are and to observe the changes.

The SO_2 and smoke recorders indicate industrial and domestic behaviour while the NO_x and lead figures reflect mainly vehicular emissions. The three stations for the average values of SO_2 and smoke have been plotted to see what is happening at those three sites over the years 1975 – 1977.

Green Point and Mayor's Garden (at rear of City Hall) show decreasing values whereas that at Libertas Building on the Foreshore shows increasing values. The latter is most likely caused by a change of site. Whilst the instrument was moved only about 50 metres horizontally it now measures at about 4 metres above ground level instead of 15 metres.

S.A.R. & H.

Considerable improvement has been noted in the docks area with emissions from locomotives. The engines used for shunting purposes are no longer parked overnight adjacent to the grain elevator but are moved to the Salt River locosheds. Fire cleaning and lighting are done at that site.

In addition the large Garret locomotive, a severe smoker, no longer comes to the docks to pick up the long goods train. This is now done by diesel.

The inspectors of this branch pay regular visits to the locomotives in the area by courtesy of S.A.R. & H. and are accompanied by a locomotive inspector. Discussions with firemen and drivers reveal that their standards of black smoke differ from ours. Nevertheless improvement in density is largely attributable to these visits and discussions.

Smoke Control Regulations

Amendments to these regulations were submitted and approved by Council. We await the approval and promulgation by the Minister of Health. The amendments mainly give the Council the power to call for new chimney standards on old appliances when the chimney requires replacement. In addition the section concerning the burning of waste material is clarified.

Overall Air Pollution Survey

An interim report on methodology and results to date was submitted to Council in July. The consultants specifically stated that no conclusions could be drawn until the survey was finished.

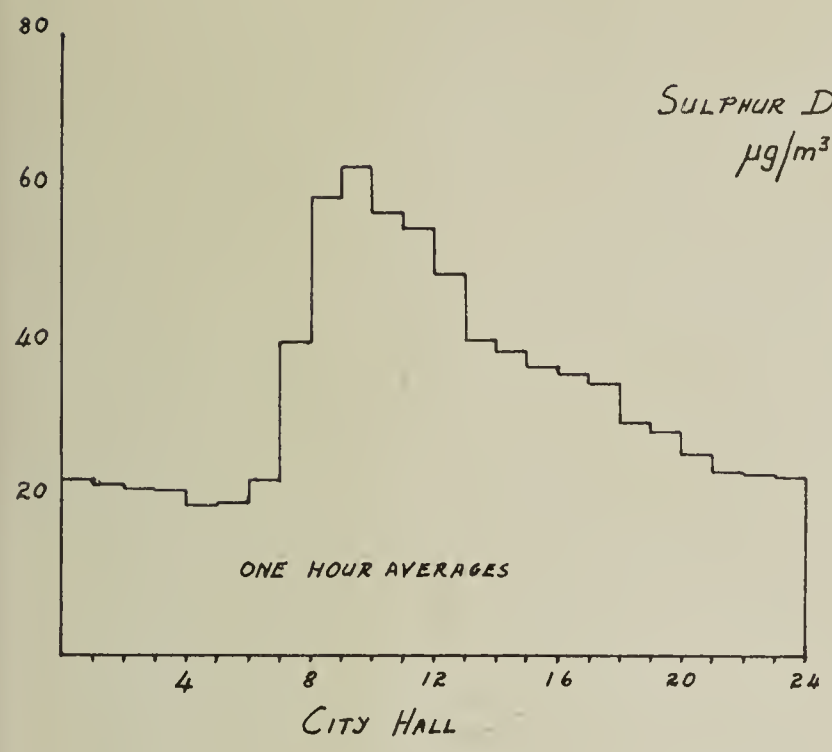
The survey was virtually complete by the end of the year. Collation of results, interpretation and conclusions must still be done in order to present the findings and report to Council.

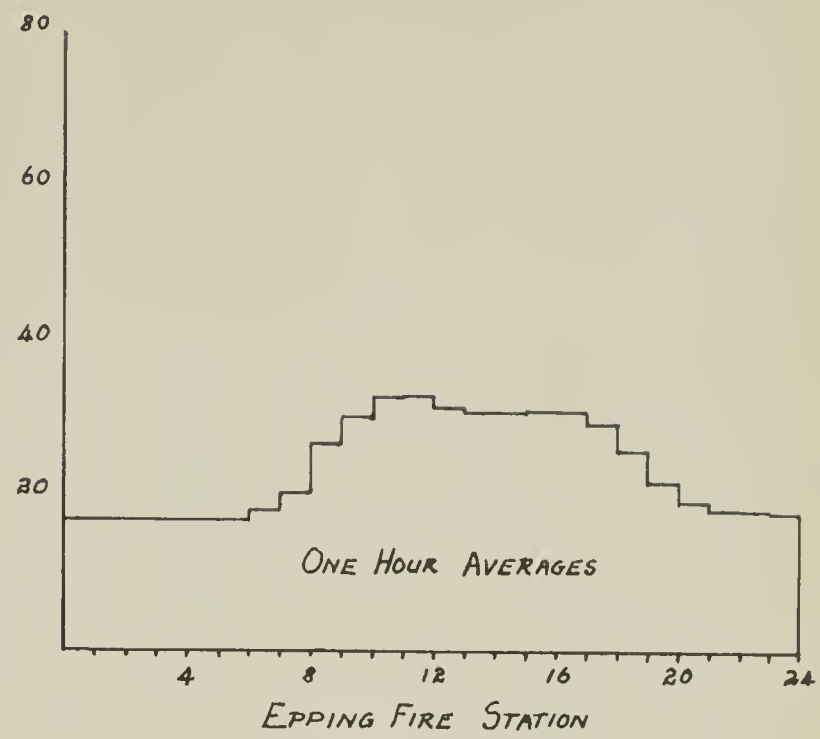
This report is eagerly awaited since future plans will be largely influenced by its contents.

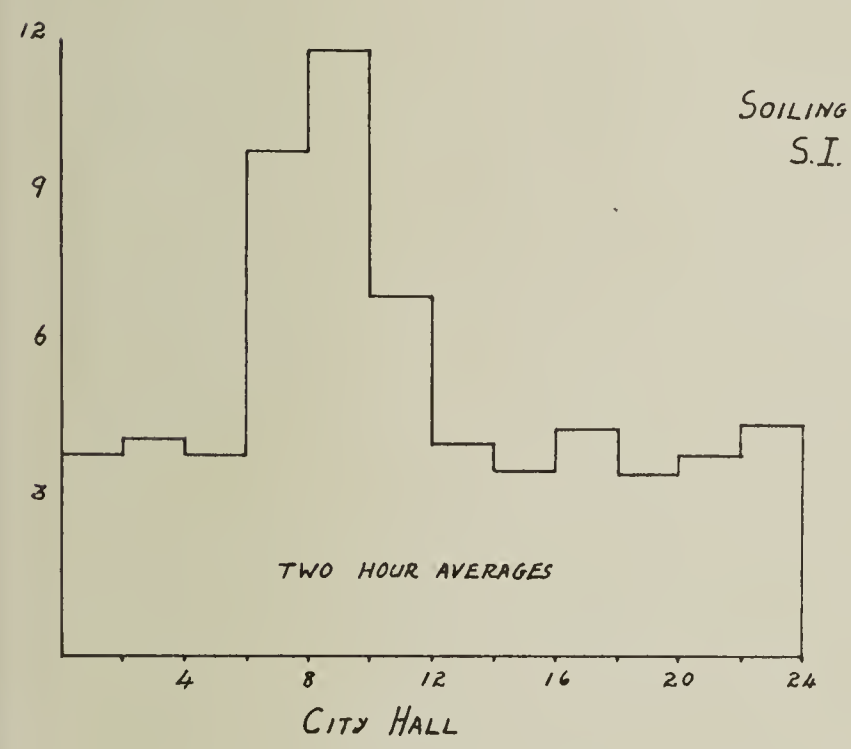
Langa and Guguletu : No particular air pollution problems were experienced in there areas.

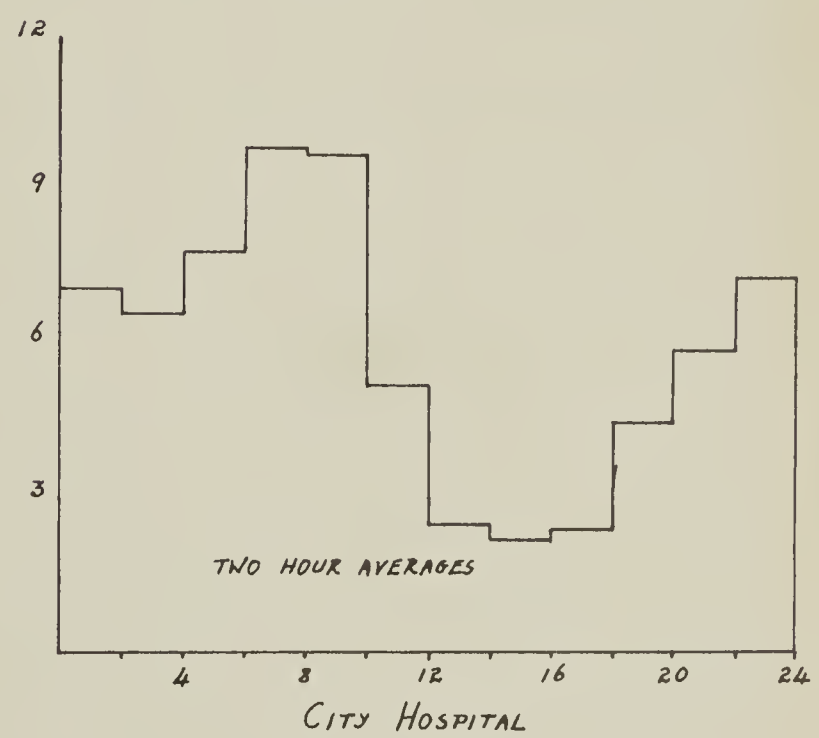
Diurnal Graphs of results obtained on continuous recorders

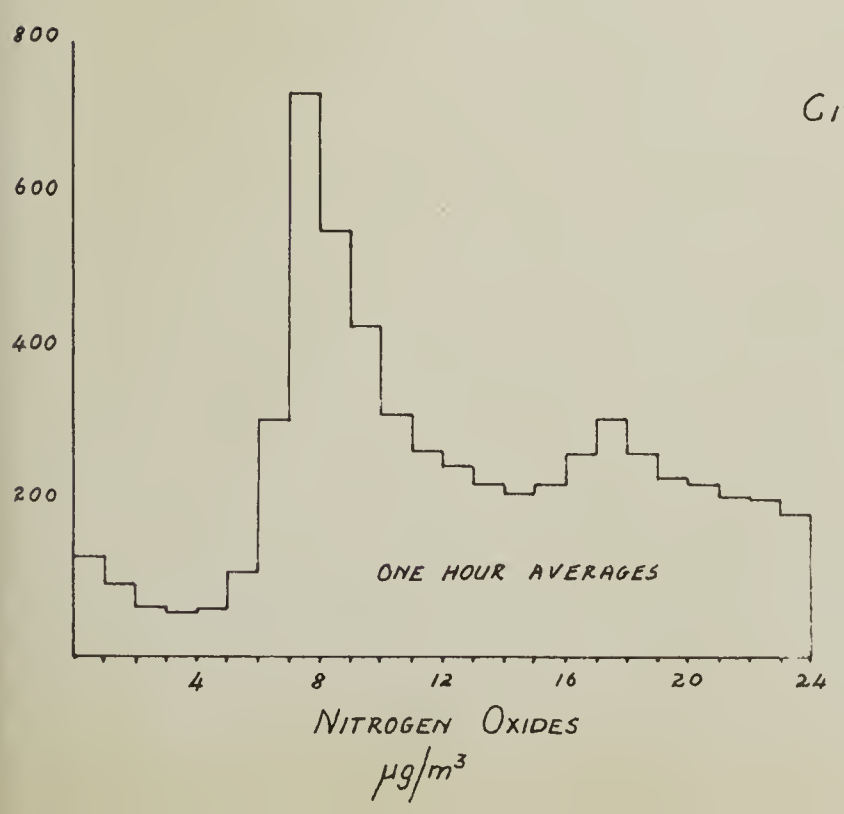
Annual hourly or two-hourly averages.

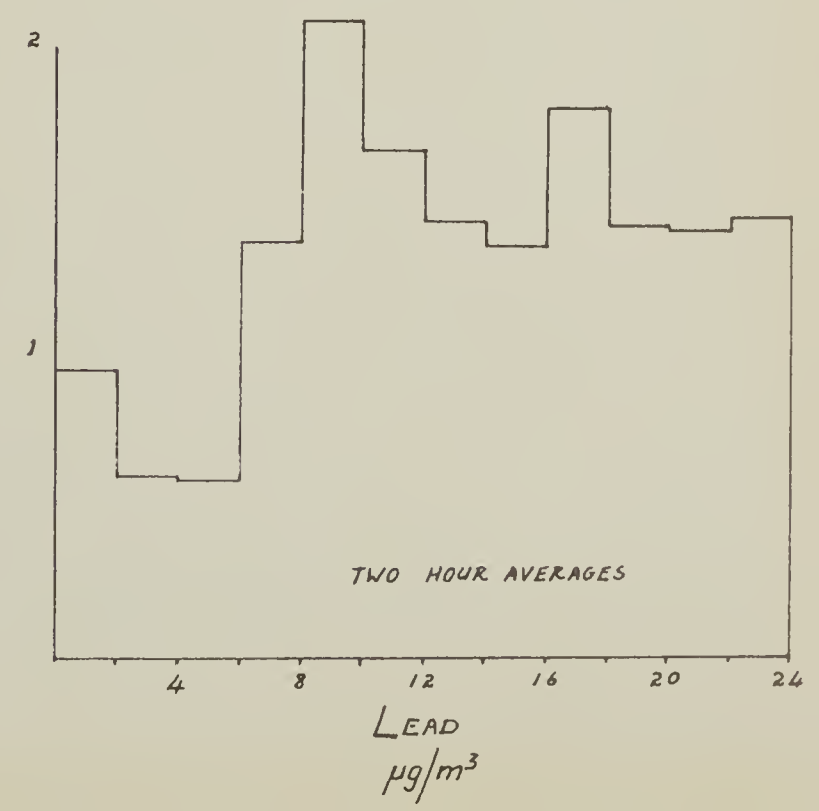


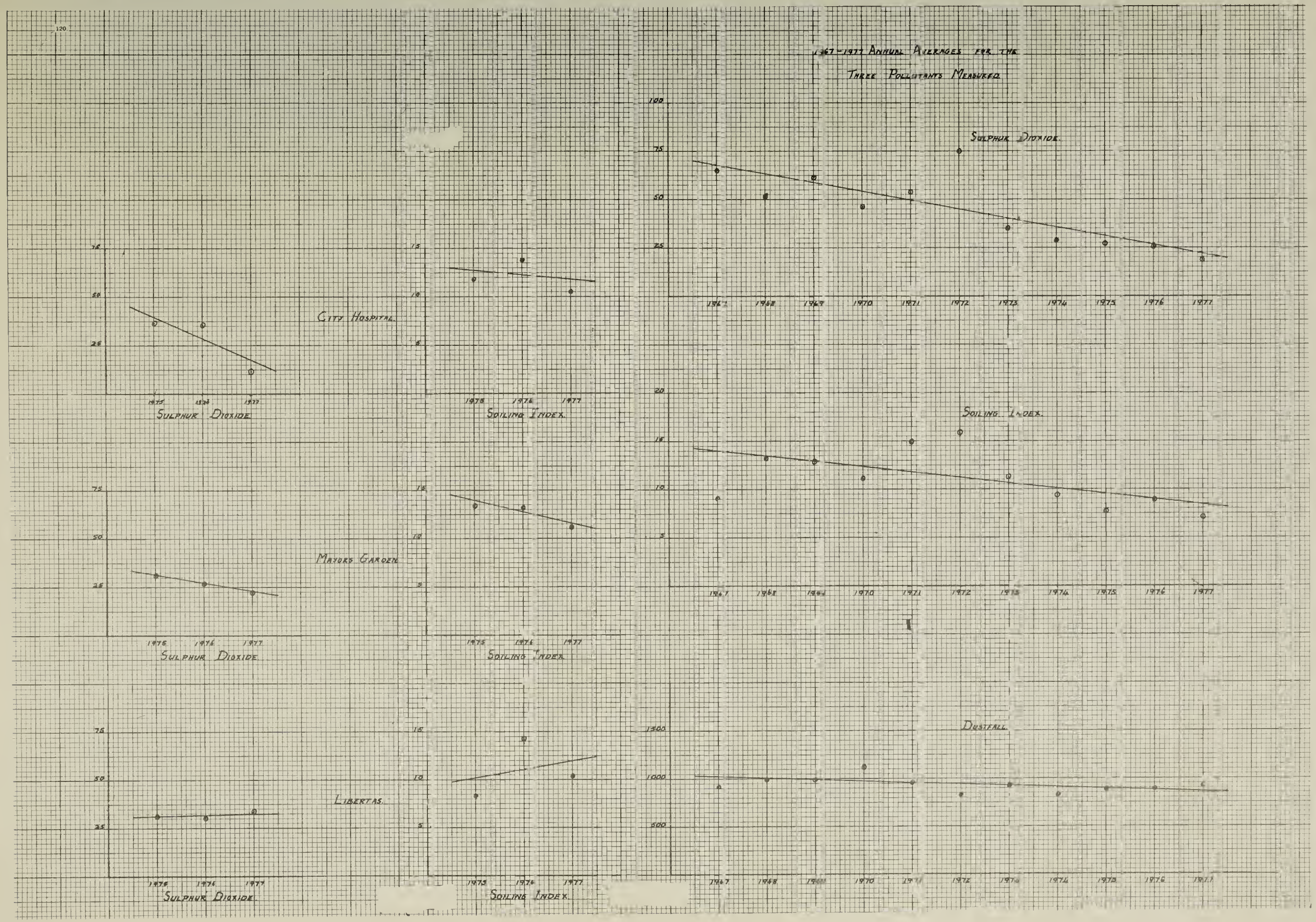











1967-1977 Annual Averages for the Three Pollutants Measured
Sulphur Dioxide
Soiling Index
City Hospital
Mayors Garden
Libertas
Dustfall
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977

3. WATER SUPPLIES

The following are the main sources of supply:

Voëlvlei Dam	162 739	megalitres
Wemmershoek Dam	58 643	megalitres
Steenbras Dams	66 057	megalitres
5 Reservoirs on Table Mountain	2 377	megalitres

During 1977 the daily consumption varied between a maximum of 605 megalitres during the summer and a minimum of 208 megalitres during the winter. The average daily consumption during the year was 363 megalitres.

Samples of water are taken fortnightly at thirty-two different test points within the water reticulation system of the municipal area.

These samples are submitted to the State Pathological Laboratory for Bacteriological Report, and serve as a double check on the sampling carried out by the Chemical Branch of the City Engineer's Department.

Seventeen other dependant local authorities obtain their supplies of water from the Cape Town undertaking.

Langa and Guguletu : Purified piped water is supplied to both Langa and Guguletu by the Cape Town City Council.

4. FOOD CONTROL

A. MILK SUPPLIES AND RELATED PRODUCTS

RAW MILK SUPPLIES

The City's milk shed comprises Vredenburg, Hopefield, Malmesbury, Paarl, Bellville, Stellenbosch, Wynberg, Cape, Worcester, Caledon, and Somerset West magisterial areas. A total of 188 producers were registered with the Council. They employed the following systems of milking:–

	% 1977	% 1976	% 1975	% 1974	% 1973
Hand milking	11	18	20	29	38
"Round the Line" and bucket milking	36	35	35	34	29
Parlours	53	47	45	37	33

It is a pre-requisite of this department that all producers supplying milk to Cape Town on a daily basis for fresh milk consumption make use of a refrigerated bulk tank. 1,6% still deliver in churns but to a powdered milk factory only. The raw milk is collected by insulated road tankers on a daily or alternate day basis and delivered to the pasteurising plants. Throughout the year 35 such tankers delivered to the three pasteurising plants daily with an average load of 10 000 litres.

INSPECTION AND LABORATORY CONTROL

RAW MILK

Milk samples are taken regularly by the Dairy Inspectors on the farms, and during the year the following work was carried out:–

(Figures in brackets relate to 1976)

Total number of farm dairy inspections	2115	(1951)
Number of farms where major structural improvements were carried out	44	(37)
Number of herd inspections	205	(251)

Investigations on farms in connection with:–

(1) Unsatisfactory bacteriological control of milk	66	(60)
(2) Incidence of Mastitis	19	(23)
(3) Recording of temperatures of mechanically cooled milk	1534	(767)
Number of unsatisfactory temperatures encountered	5	(14)
Number of samples brought to laboratory for analysis	1534	(1264)

The following tests were carried out:–

Plate counts	1269	1528	(1264)
Resazurin	259		
Eijkmann Test		1521	(1264)
Laboratory Pasteurisation		1463	(1232)
Mastitis cell counts (D.M.C.)		1496	(1272)
Inhibitory substances		1389	

Road tanker milk is checked periodically and apart from bulked tanker milk (58 samples) tanker swabs and rinsing water samples were taken from time to time to test the efficacy of the tanker cleansing operations. Remedial action was taken where necessary.

PASTEURISED MILK

Raw milk is delivered to three pasteurising plants licenced to process milk and cream and various cultured

milk products. Samples were obtained every week day and the following tests were carried out:— (Figures in brackets relate to 1976).

	Pasteurised Milk	Cultured Milk Products etc.
Plate count	1427 (1448)	1351 (1413)
Eijkmann Test	1433 (1448)	1814 (1413)
Presumptive Coliform Test	1433 (1448)	1814 (1413)
Phosphatase Test	1499 (1498)	288 (377)

These tests included soft serve samples from 200 retail outlets. Cultured milk products include ice cream, skim milk for school feeding schemes, flavoured skim milk, pasteurised cream, artificial cream, yogurt, cultured butter milk and soft cheese.

One pasteurising plant built a completely new modern by-products section which came on stream during the year.

ANIMAL DISEASES

Brucellosis — a promising start has been made with the state-controlled Brucellosis eradication scheme. An initial survey using the Milk Ring Test showed a wide spread of incidence amongst producers herds, and a high infection rate. Blood tests done during the year have shown that although the incidence rate is wide spread, the infection rate is not as high as originally thought. A number of producers have joined the Accreditation Scheme.

Tuberculosis — All producers are members of the T.B. eradication scheme. 65,7%/o are accredited, the remaining 34,3%/o are in the process of final accreditation.

Rift Valley Fever — Since the first outbreak in 1975, and after the wet winters sub-sequently experienced, which make conditions ideal for the spread of the disease, there have been no further outbreaks.

Mastitis — Somatic cell counting of bulk herd samples gave the following results:—

Cell count range x 103	%/o 1977	%/o 1976	%/o 1975
0 – 249	40,2	10,7	25,7
250 – 499	50,8	66,7	46,7
500 – 749	5,6	15,8	16,2
750 – 999	2,5	6,2	9,0
1000	0,9	0,6	2,4

In 1977 3,5%/o of the samples analysed showed Streptococcal mastitis infection.

VI TESTS

132 tests were carried out during the course of the year. All were negative. Eleven final year Veterinary Licence students gained public health experience with the branch during the year.

B. MEAT CONTROL

The Municipal Abattoir, situated in Maitland, is a branch of the Town Clerk's Department. The Director and Assistant Director are veterinarians.

In addition to the above, three veterinary officers are employed to carry out meat inspection and other veterinary duties.

Posts exist for thirty-four meat inspectors who are employed on meat inspection and other hygiene duties. A qualified microbiologist working in a well equipped laboratory is responsible for the checking of hygienic control of slaughter procedures and equipment as well as for diagnostic work.

The Abattoir was completed in 1966 at a cost of R3 500 000. It is a regional abattoir and provides meat for greater Cape Town and some of the adjoining towns of the Western Cape. Since completion, many structural and procedural improvements have been effected. During the period under review new equipment was acquired for the By-products plant and the refrigeration at the piggery improved.

At present the maximum daily throughput is 850 cattle, 150 calves, 5 000 sheep and goats and 650 pigs. In addition a few horses are killed. With the exception of pigs and horses all slaughter stock are killed and dressed on mechanical conveyor systems.

During 1977 the following animals were slaughtered (figures in parenthesis are for 1976).

Cattle	182 983	(177 050)
Calves	19 015	(16 840)
Sheep and Goats	1 035 337	(1 040 978)
Pigs	155 023	(117 612)
Horses and Donkeys	727	(897)

The value of carcasses, excluding horses and donkeys was R66 080 100 (R61 015 356) for the year 1977. Meat and offal valued at approximately R5 664 056 (R2 575 237) was brought into the Municipal area of Cape Town from other centres. This meat was re-inspected by meat inspectors from the abattoir before sale to the public.

Hides and skins to the value of R5 171 817 (R4 673 029) were handled at the Abattoir and offal from slaughtered animals realised R3 085 588 (R2 845 935).

Condemned material and blood is rendered by the by-products plant into carcass meal, tallow and blood meal. During 1976 the sale of by-products realised R479 784 (R344 020) Table XI.8 details diseases found upon slaughtering animals at the Abattoir in 1977.

A number of final year veterinary students from Onderstepoort saw practice at the abattoir during their vacation as part of their training in veterinary public health. Fourth year medical students as well as student health inspectors also received practical training in meat hygiene. Various scientific institutions in and around Cape Town were supplied with organ and other tissue material for research and teaching purposes.

I am indebted to the Branch Manager of the Livestock and Meat Industries Control Board for some of the information contained in this report.

BUTCHERS' DELIVERY VEHICLES

The continued enforcement of Regulation 1970 maintains the standard metal type of butchers vehicles in which all carcases are hung and are clear of the floor. During the year 213 meat delivery vehicles were licenced.

Modern techniques to ensure Safe Food

C. OTHER ASPECTS OF FOOD CONTROL

WHOLESALE MARKET

The Wholesale and Early Morning Market at Epping was designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc. have also been built, and each one of these sections has been designed for extension when the need arises. A fulltime health inspector from the Health Department is responsible for the checking and control of all foodstuffs passing through this market.

The following foodstuffs were condemned as unfit for human consumption by the market health inspector during the year:–

Fruit:–	**Weight (Kg)**	**Vegetables**	**Weight (Kg)**
Pome	5 696	Bulbs	31 118
Drupe	32 660	Flowers	6 624
Citrus	92 016	Leaves and stems	158 039
Vine	5 490	Roots	29 327
Miscellaneous	8 964	Seed Fruits	459 444
		Tubers	119 010
		Other Foodstuffs	871

FOOD SAMPLING

In terms of section twenty three of the Foodstuffs, Cosmetics and Disinfectants Act, Act No. 54 of 1972 the Cape Town City Council has been delegated with responsibility for sampling foodstuffs. The number of free examinations by the State Chemical Laboratory was fixed at 817 by the Secretary for Health on 1974–10–25. Sampling duties are undertaken by the five Divisional and eleven Senior Health Inspectors.

Table XI.9 details the samples taken during the year in terms of results and any action taken. Thirty three (4,2^{0}/o) of the samples analysed were adulterated and fines totalling R1 005 were imposed.

Five random samples were submitted to the State Chemical Laboratories for possible or suspected contamination by pesticides, insecticides or fungicides. These samples were all found to be below the permissable tolerances.

CONDEMNATION OF FOODSTUFFS

Food which is unfit for human consumption is condemned in terms of regulations (R963 of 1966–06–24 as amended by R2 127 of 1974–11–22) made under the Public Health Act, Act No. 36 of 1919. It is sometimes possible to use this food as poisoned rodent bait or in the by-products plant at the abattoir .

The reasons for condemning food included simple spoilage of perishables, contamination by smoke and fumes, expiry of date stamped articles, contamination by dirt and exposure to contamination or spoilage by virtue of damage to containers (rusted, dented and blown tins), etc.

Langa and Guguletu : There are many problems relating to the retailing of food in these areas (see Control of Trading below).

While Milk and Meat are of assured quality upon leaving the pasteurising plants and abattoir respectively, there are many Hawkers of these goods whose standards of hygiene are inadequate.

Outbreaks of Infectious disease which are related to contamination of foodstuffs are always likely to occur as long as the retailing situation remains unsatisfactory.

5. CONTROL OF TRADING

Reports on the suitability from a Public Health point of view of a wide range of commercial undertakings are submitted by the Medical Officer of Health before these are registered, licensed or issued with certificates.

Various Municipal By-Laws, Provincial Ordinances and Government Regulations govern these matters.

The various applications dealt with during 1977 are detailed in Table XI.10; they totalled 5 232 of which twelve were withdrawn and refusal recommended in twenty four.

MUNICIPAL BY-LAWS

Annual licensing of traders transporting milk by tanker, slaughtering poultry and contracting to do electrical wiring is required under these By-Laws. The Medical Officer of Health reports on these applications to the Amenities and Health Committee.

STABLE PREMISES

The Municipal By-Laws, empower the Council to prohibit the use for the keeping of animals, of any stable, cowshed, pigstye, kraal, etc., which in its opinion is 'unfit', undesirable or objectionable by reason of its locality, construction or manner of use. The City Council may also restrict number or manner of use of those structures. The City Council may also restrict the number or kind of animal to be kept at any such premises.

16 cases of unsuitable and unauthorised structures which were being used to stable animals, were ordered to be demolished and the animals removed. In 15 cases the animals were removed and the structures demolished.

PROVINCIAL ORDINANCE OF 1953 (as amended by Ord. 19 of 1972)

This Ordinance controls the Registration and Licensing of Businesses in respect of 54 scheduled undertakings. Reports on these applications are submitted to the Town Clerk by the Medical Officer of Health.

GOVERNMENT REGULATIONS

Mattress makers and upholsterers must register annually with the Council in terms of No. 1384 of 1938.

Langa and Guguletu : Much greater control over trading in these areas is required.

For the greater part of 1977 shopkeepers carried on their business operations on the pavements in front of their destroyed premises as some 80% of the shops in Langa were burnt out as a result of the unrest, and a similar position on a smaller scale existed in Guguletu. Most of the shops have now been rebuilt and occupied by the traders concerned.

Applications to trade in these areas are detailed in Table XI.11.

Despite the dumping of illegally brewed beer and confiscation of the drums by the authorities, this illegal practice continues as it has for many years past.

Another practice which continues is the illegal sale in open areas of offal, chickens and green mealies. The setting up and operating of open stands for the sale of these foodstuffs constitute most unhygienic conditions. Our limited staff find control of this impossible.

6. HOUSING

The greater part of the Cape Town municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-borne sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is today making little or no provision for the housing of the lower income groups (owing to high building costs) and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburbs for such development are the Sea Point, Three Anchor Bay, Green Point and the Kenilworth areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the over-crowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other side of the local problem, viz, the occupation of unauthorised and insanitary structures (pondoks, shacks) on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has had ample powers to prohibit such building and occupation, but has not found itself prepared to eject the occupants from the only shelter available to them. Indeed, an organised squatters camp at Vrygrond has been developed by the Council with roads, an orderly layout, refuse removal, water supply and paid closet sewage removals. Crime in such areas remains a problem but the most basic sheltering aspects of housing are present.

It is recommended that urgent priority be given to site and service schemes, despite the argument that organised shanty towns become permanent shanty towns. This need not be so as has been previously stressed in this Report page 83 . It is intolerable that human-beings should be expected to live without shelter in the precincts of what is ostensibly an advanced and civilised City.

There remains also the lowest sub-economic group of the population who are a social welfare problem and cannot be provided for through municipal housing.

These housing conditions are of long standing, and have been the subject of repeated consideration by the Council, its committees and officers.

The Council is erecting houses departmentally as well as by contract. The building units function with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission.

With the enforcement of the Group Areas Act and the displacement of racial groups from one area to another even more housing for the Coloured Community must be constructed each year. It is difficult to formulate any figure but it is estimated that at least 20 000 units must be erected so as to make any impression on the present overcrowding that exists.

In the preparation of the Manenberg scheme (an extension of Heideveld), the Council was originally faced with a demand for a 100 per cent allocation of the houses for State population regrouping purposes. To minimise urban sprawl, it had been anticipated that high density flat construction would be utilised in areas such as 'District Six', but the Council has had to abandon that scheme and is now faced with the problem of providing such accommodation elsewhere in the City.

Cape Town's topography has been the reason for siting the major municipal housing scheme around Athlone, about 13 km from the City centre.

The dwellings completed by the City Council in the year under review are detailed in Table XI.12.

After taking into account conversion, sale or demolition of dwellings the 263 dwellings completed in 1977 bring the total of dwellings completed and under the control of the Housing Branch within the Cape Town Municipal area (excluding the Bantu Affairs Administration Board Areas, dwellings used to accomodate caretakers or to house clinics etc.) to 36 038 (599 White and 35 439 Coloured). At Guguletu housing was provided by employers during 1977 for 1 290 single men.

The Director of Housing has furnished the information (see Table XI.12) that during 1977 86 sub-economic were built for Coloureds at Lavender Hill and 177 at Valhalla Park.

No White home-ownership houses were built but 1 316 such dwellings for Coloureds were completed at Mitchells Plain in 1977 ($12^1/2^0/o$ of these houses were allocated to the Department of Community Development for resettlement of displaced families under the Group Areas Act).

The application list for Council housing increased by 2 792 to 21 548 Coloured families, and includes 1 522 applications in respect of shack dwellings in the Municipal area. White applications increased by 55 to 272. Approximately $31,6^0/o$ of Coloured and $52,6^0/o$ of White applicants qualify for economic housing.

A total of 1 025 families from the waiting list were housed during the year – 227 in new dwellings and 798 in vacancies. In addition to this 195 families were resettled by the Department of Community Development. Of existing occupants, 35 families were transferred to new dwellings and 563 to vacancies.

THE HOUSING ACT (Act No 4 of 1966)

Before the demolition, or conversion to uses other than residential, of residential accommodation, permission must be obtained from either the Department of Community Development (in the case of "dwellings", which have not more than five living rooms) or the local authority (in the case of other premises).

The Cape Town City Council has delegated its powers under the Act to the Medical Officer of Health who submits recommendations to the Department of Community Development in respect of dwellings and larger premises.

Dwellings are covered by *.85 (1) of the Act and recommendations concerning 106 such applications were submitted to the Department of Community Development in 1977 (see Table XI.13).

Other premises (with more than five living rooms) are covered by S.85 (4) of the Act and 12 such applications were granted in 1977 (see Table XI.13).

THE SLUMS ACT (Act No. 53 of 1934)

A decision by the Slums Court re our application to have a premises in Kensington declared a Slum in 1976 was deferred in order to give the owner an opportunity to comply with our requirements.

Before the end of 1977, three of the unauthorised wood and iron shacks on the property had been demolished after the tenants had been re-housed. The tenants of the remaining 29 shacks were given a priority re-housing rating for early 1978, so progress was being achieved.

Langa and Guguletu : All housing in both townships is owned and under the full control of the Bantu Affairs Administration Board.

Because of the unrest, new building work has been at a standstill.

Overcrowded conditions exist and additional housing is essential.

It has already been found in both Langa and Guguletu that, where tenants can afford to do so, they have been permitted to alter their homes so as to improve their living conditions and standards.

7. SEWERAGE

With the exception of outlying sparsely developed areas the greater part of the Municipality is provided with water-borne sewerage facilities.

The principal sewage treatment plant is located at Athlone with a dry weather flow of 100 megalitres per day. The Athlone plant is now completely surrounded by residential areas and is only 14 kilometres from the centre of the City.

Approximately 35 megalitres of sewage from the Wynberg-Clovelly area plus approximately 14 megalitres of sewage from Guguletu, Nyanga and the developing areas of the Cape Flats, as well as 12 megalitres from Epping II are treated in re-circulated photosynthetic ponds at the Strandfontein Road Cape Flats Sewage Treatment Works.

The Council in terms of an agreement with the Cape Divisional Council, accepts and treats sewage from Goodwood, Parow and the Divisional Council Local Area of Epping Garden Village. Similarly the Council accepts and treats sewage from Pinelands and from such portions of the Divisional Council Local Area of Grassy Park as are presently sewered; sewage from part of the Constantia Local Area is now being accepted into the Council system.

The Council has negotiated an agreement with Milnerton to discharge sewage northwards to link up with their sewage treatment works.

With the commissioning in November 1974 of the Sanddrift East Pumping Station the sewage from this Estate is now passed to the Montague Gardens interceptor and then direct to the Milnerton Sewage Treatment Works.

Council on 1973–07–31 adopted a policy of separation of industrial from domestic effluents so far as practicable to supplement and assist future efforts in the reclamation and re-use of sewage effluent; it has authorised the expenditure of R21 000 000 for a new treatment plant at the Cape Flats and improvements and additions to the Athlone Treatment Works, with an ultimate capacity of 200 megalitres per day.

Consultants have been appointed to do work in connection with the above and a new by-pass line to relieve some of the load to Athlone has been constructed.

The area from Woodstock to Bakoven is sewered and the sewage discharged to sea in two outfalls (Green Point and Camps Bay) after maceration; chlorination is used, in addition, at Camps Bay. A contract has been awarded and work is nearly completed on the new submarine outfall sewer at Camps Bay.

The first stage (capacity 6,2 megalitres per day) of the Mitchells Plain Sewage Works has been built and is in operation. Further extensions will be tackled shortly. The ultimate capacity will be 50 megalitres per day.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas. Pail contents are disposed of by discharging into the sewage system through the intake at the Strandfontein sewerage works 54 776 pail clearances were affected. Similarly 15 837 removals were made from O'Brien dry earth closets in the municipal and certain abutting areas.

PUBLIC SANITARY CONVENIENCES

This Department has under its control 53 public sanitary conveniences (chalets) sited at convenient points throughout the municipal area, and which are staffed by 145 permanent attendants.

Langa and Guguletu : Both townships are fully provided with water-borne sewerage facilities and are connected to the City Council's main sewer.

8. SURFACE SANITATION

A. REFUSE REMOVAL

DOMESTIC REFUSE REMOVALS

The removal of domestic refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:—

Every Week-day:

Cape Town Central Business district:—

Hotels, Restaurants, Boarding Houses and certain flats and business premises in congested areas.

Three Times Weekly:

Camps Bay, Sea Point, Green Point, Woodstock, Salt River, Observatory and Bishopscourt.

Twice Weekly:

Oranjezicht, Tamboerskloof, Brooklyn, Maitland, Kensington, Mowbray, Rosebank, Rondebosch, Upper Newlands, Upper Claremont, Lower Claremont, Lower Newlands, Kenilworth, Wynberg, Plumstead, Retreat, Lakeside, Bergvliet, Athlone, Lansdowne, Bonteheuwel, Manenberg, Hanover Park, Parkwood Estate, Sanddrift and Thornton.

Sundays:

On Sundays a special payments removal is effected at Hotels, Restaurants and Boarding Houses.

DISPOSAL OF REFUSE

Industrial refuse disposal continued at Vissershok and domestic waste was disposed of at Guguletu and Strandfontein. Strict control of the tip by the adoption of sanitary control methods is adhered to.

The Athlone pulverizing plant is under construction and due to come into operation in the latter half of 1978.

During the year the quantity of refuse removed was 1 741 106 cubic metres compacted to 870 553.

Langa and Guguletu : There has been improvement in the refuse removal service in both Langa and Guguletu. Many homes however, particularly in Guguletu, are not in possession of refuse bins with resulting dumping and non-collection.

Further improvement is necessary in the service of the areas around the single quarters and streets thereto. The dumping of unserviceable motor vehicles generally in the townships also hampers the cleansing work. In the case of stripped vehicles and those left abandoned, they should be removed.

Difficulty in maintaining clean areas in the vicinity of Barracks is further hampered by the activities of illegal traders as mentioned above.

B. STORMWATER DRAINAGE

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well sited for drainage but in parts of the Cape Flats natural drainage scarecely exists and in the wet season the ground-water level over a considerable area rises to or very near the surface.

The City is mostly sewered on the separate system, the stormwater being conducted by separate channels to the nearest outfall namely the sea, or into the Liesbeeck and Black Rivers, which drain the southern suburbs north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams run south and discharge into a series of vleis or lakes and thence to the sea at False Bay. The Mouille Point sewerage outfall is overloaded because of illegal stormwater entry into the system.

It is the policy of the City Council to concrete-line the banks and inverts of natural watercourses in its area where required by hydraulic or planning considerations. The Vygekraal River upstream of Vanguard Drive has been widened and deepened and the lining of this section of the river has been taken as far as Sherwood Park on the boundary of the Municipal Area. The Council is currently participating in the Canalisation of the Elsieskraal River at Thornton and the widening of the Blomvlei Canal in Athlone.

C. PEST CONTROL

PLANS

Prevention of rodent problems begins with a well-designed building and plans are therefore scrutinised by two pest control officers seconded to the Building Survey Branch of the City Engineers Department, who scrutinised 4 096 plans and minor works permits during 1977 compared with 4 293 in the previous year. These officers also scrutinise other health aspects of plans such as floor space, room volume, ventilation etc.

PEST CONTROL OFFICERS

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 26 rodent operatives, whose duties involve routine blockbaiting with Warfarin and its derivatives for rodent control. In the year under review, 15 350 kg of bait were laid. The rodent control work conducted during 1977 is detailed in Table XI.14.

The rapid building expansion that has and is taking place on what used to be wide open spaces is rapidly reducing the Gerbille population and anti-gerbille work is carried out only when and where necessary.

MOSQUITOES

The pest control officers also specialise in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspection. They also institute regular anti-mosquito measures in the Black River, extending from the Bokmakierie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Two of the operators under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed.

COCKROACHES

In addition to dealing with anti-rodent work and mosquito control, an increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and storm-water sewers.

These tasks are shared by the district health inspectors and the pest control officers. Where infestation is traced to the municipal sewers control measures are carried out by the City Engineer's Roads and Drainage staff.

Complaints of cockroach infestation are investigated jointly by the City Engineer's Department and this Department and appropriate action taken according to the locality of any infestation discovered.

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos. 804 of 1943–04–30; and 605 of 1945–04–13), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 1943–04–30, or has worked for six months under a certified fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities.

No certificates were issued during 1977.

Langa and Guguletu : Due to the civil unrest, the Pest Control staff and vehicle did not have access to the Bantu Affairs Administration Board areas for the major portion of 1977.

In the latter part of the year, five works orders were received to exterminate rodents at properties in Langa. These orders were successfully executed.

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Table 1.1 *SUMMARY OF VITAL STATISTICS : 1977*

Area :– 29970,2893 Hectares

	WHITE		COLOURED		ASIANS		BLACKS		ALL RACES	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Total population	257 340		495 300		11 350		103 000		866 990	
Notified Live Births	2 875	11,2	11 916	24,1	217	19,1	3 915	38,0	18 933	21,8
Registered Deaths	2 151	8,36	3 082	6,22	44	3,88	1 098	10,66	6 375	7,35
Natural Increase	724	2,8	8 844	17,8	173	15,2	2 817	27,3	12 558	14,5
Infant Mortality (Death under one year)	24	8,3	309	25,9	2	9,2	260	66,4	595	31,4
Maternal mortality			2	0,17			3	0,75	5	0,26

Table I.2 *INCOME AND EXPENDITURE, CITY HEALTH DEPARTMENT : 1975 – 1977*

	1975 ACTUAL	1976 ACTUAL	1977 ACTUAL	1977 ESTIMATE
EXPENDITURE				
Salaries, Wages and Allowances	R3 364 842	R3 634 442	R3 492 137	R3 576 700
General Expenses	R1 408 941	R1 409 576	R1 568 007	R1 784 750
Repairs and Maintenance	R 123 063	R 127 284	R 191 418	R 217 135
Interest on Redemption	R 97 151	R 108 129	R 120 476	135 725
TOTAL EXPENDITURE	R4 993 997	R5 279 431	R5 372 038	R5 714 310
INCOME				
Refund and Subsidies from State and Provincial Authorities	R2 689 391	R2 758 711	R2 768 768	R3 261 825
Fees and Sundry Income	R 210 063	R 185 430	R 224 665	R 200 695
Contribution from Rates	R2 094 543	R2 335 290	R2 378 605	R2 251 790
TOTAL INCOME	R4 993 997	R5 279 431	R5 372 038	R5 714 310

Table I.2

Table II.1 *METEOROLOGICAL DATA 1968 TO 1977 : D F MALAN AIRPORT WEATHER OFFICE*

	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977
Total rainfall	604,7 mm	428,7 mm	555,6 mm	361,5 mm	424,1 mm	321,0 mm	682,6 mm	558,4 mm	565,4 mm	751,1 mm
No. of rainy days	134	105	132	56	125	95	96	117	130	140
Ave. Max. Temp.	29,7	31,0	28,0	27,0	22,5	23,1	22,2	21,1	21,4	21,8 C
Maximum Temp.	37,3	40,7	36,2	38,3	39,9	35,5	37,4	38,1	35,2	35,5 C
Ave. Min. Temp.	4,1	5,3	5,1	7,2	11,6	11,7	11,6	11,9	12,0	12,4 C
Minimum Temp.	0,2	0,8	1,0	0,0	0,7	0,3	0,9	0,5	0,2	1,8 C

Table III.1 *ESTIMATED POPULATION OF THE CITY OF CAPE TOWN BY RACE 1958 TO 1977*

	WHITE	COLOURED	ASIATIC	BLACK	TOTAL
1958	192150	228300	7120	64000	491570
1959	192930	234720	7170	64500	499320
1960	193710	266020	7210	64790	531730
1961	195650	275040	7380	66390	544460
1962	197910	285280	7570	68030	558790
1963	200210	295890	7780	73480	577360
1964	202530	306910	7980	73540	590960
1965	204880	318330	8200	78600	610010
1966	207250	330180	8420	88930	634780
1967	209650	342470	8640	90000	650760
1968	212080	355210	8870	80840	657000
1969	214540	368430	9110	84460	676540
1970	217030	382150	9350	85700	694230
1971	235550	397500	9660	93050	735760
1972	239050	412340	9920	91150	752460
1973	242600	427740	10190	90250	770780
1974	246200	443710	10470	95000	795380
1975	249860	460280	10760	97730	818630
1976	253570	477470	11050	100530	842620
1977	257340	495300	11350	103000	866990

Table III.2 *ESTIMATED POPULATION, BIRTH RATES, DEATH RATES, NATURAL INCREASE RATES AND INFANT MORTALITY RATES: 1951 TO 1977*

PERIODS	Estimated Populations			Birth rates			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates		
	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total
YEAR															
1951—1952	187540	261280	448820	18,27	40,94	31,26	9,88	14,99	12,82	8,39	25,95	18,43	28,78	106,26	87,26
1952—1953	188300	267220	455520	18,37	39,42	30,62	9,33	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32
1953—1954	189070	273310	462380	18,23	37,86	29,86	9,03	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71
1954—1955	189830	279580	469410	17,62	36,95	29,26	9,15	11,52	10,60	8,47	25,43	18,66	21,45	100,80	82,52
1956	190600	286010	476610	18,6	34,3	28,3	9,0	10,3	10,2	8,6	23,9	18,0	24,5	103,0	83,4
1957	191380	292620	484000	18,4	36,5	29,8	10,0	10,6	10,4	8,5	25,9	19,4	23,5	95,5	79,3
1958	192150	299420	491570	18,8	34,4	28,7	9,7	9,9	9,8	9,2	24,4	18,8	23,1	97,6	80,2
1959	192930	306390	499320	19,2	34,3	28,9	10,0	8,6	9,1	9,2	25,7	19,8	17,5	80,2	65,5
1960	193710	338020	531730	18,4	38,3	31,1	10,9	10,5	10,7	7,3	24,7	18,7	25	81	69
1961	195650	348810	544460	18,9	36,4	30,1	10,2	9,5	9,8	8,7	26,8	20,3	20	76	64
1962	197910	360880	558790	18,9	35,2	29,4	10,4	8,7	9,3	8,5	26,5	20,1	22	70	59
1963	200210	377150	577360	18,1	36,2	29,9	10,1	10,3	10,2	7,9	25,9	19,6	23	86	73
1964	202530	388430	590960	18,3	37,3	30,8	10,6	10,3	10,4	7,7	27,0	20,4	19	78	66
1965	204880	405130	610010	16,8	38,4	31,2	10,2	10,6	10,5	6,6	27,8	20,7	19	78	68
1966	207250	427530	634780	18,0	35,1	29,5	10,5	9,8	10,0	7,5	25,4	19,5	17	78	66
1967	209650	441110	650760	18,0	31,6	27,2	10,0	9,9	10,0	8,0	21,7	17,3	15	79	66
1968	212080	444920	657000	18.1	38,4	31,8	10,2	9,3	9,6	7,9	29,1	22,2	15	58	50
1969	214540	462000	676540	18,4	37,4	31,4	10,3	9,3	9,7	8,1	28,0	21,7	18	58	51
1970	217030	477200	694230	19,2	35,2	30,2	10,6	9,6	9,9	8,6	25,6	20,3	16	59	50
1971	235550	500210	735760	18,3	35,5	30,0	9,0	7,8	8,2	9,2	27,6	21,7	13	46	39
1972	239050	513410	752460	17,1	35,1	29,4	9,0	7,4	7,9	8,1	27,7	21,5	13	38	34
1973	242600	528180	770780	15,6	34,6	28,6	9,4	8,3	8,6	6,2	26,3	20,0	13	46	40
1974	246200	549180	795380	14,6	32,8	27,2	9,1	8,0	8,3	5,5	24,8	18,9	12	46	40
1975	249860	568770	818630	13,2	29,2	24,3	8,4	7,2	7,6	4,7	22,0	16,7	12	38	34
1976	253570	589050	842620	12,6	27,9	23,3	8,8	7,7	8,0	3,8	20,2	15,3	10	43	38
1977	257340	609650	866990	11,2	26,3	21,8	8,4	6,9	7,4	2,8	19,4	14,5	8	36	31

City extended in 1971 by incorporation of districts of Thornton, Bergvliet, Meadowridge, Ottery (part) and Kirstenhof.
The population and rates for the years 1961 onward have been corrected according to the final figures of the 1970 census. Birth rates based on notification from 1968.

Table III.3 *POPULATION BY RACE AND SEX : 1976 TO 1977*

RACE	1976			1977		
	MALES	FEMALES	PERSONS	MALES	FEMALES	PERSONS
WHITE	120700	132870	253570	122500	134840	257340
COLOURED	224410	253060	477470	232780	262520	495300
ASIATIC	5750	5300	11050	5900	5450	11350
BLACKS CITY	9279	4260	13539	9420	4900	14320
BLACKS LANGA	27399	4359	31758	27920	4450	32370
BLACKS GUGULETU	28672	26561	55233	29240	27070	56310
BLACKS TOTAL	65350	35180	100530	66580	36420	103000
TOTAL	416210	426410	842620	427760	439230	866990

Table III.4 *AGE-RACE POPULATION DISTRIBUTION OF WHITE AND COLOURED RESIDENTS OF PROPOSED CAPE TOWN HEALTH DISTRICTS (1970 CENSUS DATA).*

RACE	N1	N2	N3	N4	N5	N6	N7	E1	E2	E3	E4	E5	E6	E7	E8	S1	S2	S3	S4	S5	S6	S7	TOTAL	%	01 ECONOMIC REGION % *
WHITES																									
65 + Years	129	3342	5809	2031	1380											3672		116		571	5008		22013	9,97	8,7
60—64	96	1802	2938	1053	695											1900		78		398	2520		11480	5,2	4,9
55—59	109	1838	2785	1132	1036											2248		68		528	2639		12383	5,61	4,8
50—54	118	1673	2431	1106	1085											2494		97		556	2478		12038	5,45	5
45—49	124	1812	2376	1081	1220											2892		104		726	2671		13006	5,89	5,9
40—44	143	1764	2097	1044	1278											2882		97		784	2440		12529	5,67	5,7
35—39	140	1786	1973	1036	1337											2980		82		811	2353		12498	5,66	5,8
30—34	123	2172	2214	1048	1384											3345		102		885	2499		13772	6,24	6,6
25—29	143	3291	3228	1354	1583											3806		96		923	3393		17817	8,07	8,1
20—24	188	3856	3404	1983	1971											4293		111		958	5159		21923	9,93	9,2
15—19	176	2556	2240	1756	1827											3890		157		1156	4650		18408	8,34	8,7
10—14	209	2135	1898	1535	2023											4418		165		1443	3795		17621	7,98	9
5— 9	220	1963	1844	1583	1979											4735		129		1464	3269		17186	7,78	9,1
0— 4	226	2273	2182	1772	2091											4826		129		1450	3217		18166	8,23	8,6
																							220840	100,02	100,1
COLOURED																									
65 + Years	1453	346	66	614	190		989	1728	438		430	590	629	211		1080	816	115	285	755	123		10762	2,84	2,7
60—64	910	251	72	412	158		630	1194	312		275	410	357	129		696	492	72	167	490	105		7075	1,86	2,1
55—59	1097	322	128	461	163		788	1493	431		361	533	502	158		902	707	104	198	650	136		9080	2,39	2,1
50—54	1187	386	154	486	218		912	1689	492		440	682	601	162		985	886	158	239	685	192		10564	2,78	2,6
45—49	1371	469	253	587	265		1250	2039	675		608	937	1019	294		1145	1290	172	323	821	235		13721	3,61	3,5
40—44	1699	616	328	735	271		1665	2250	983		862	1402	1491	445		1351	1680	262	444	1028	304		17715	4,67	4,8
35—39	2011	637	386	915	319		1947	2470	1476		1121	2477	2160	651		1638	2144	344	682	1242	415		22721	5,99	6
30—34	2288	805	529	1013	383		1855	2500	1951		1204	2883	2202	704		1892	2059	337	841	1396	483		25048	6,6	6,5
25—29	2770	1025	666	1125	487		2120	3395	2237		1190	2675	1418	492		2223	1842	427	945	1608	622		27354	7,21	7
20—24	3443	1485	1015	1324	762		3168	5419	2085		1493	2490	2001	586		2570	2675	579	1031	2138	662		34919	9,2	9,3
15—19	3875	1343	514	1305	763		4048	6237	2313		1597	3292	3394	906		2780	4106	652	1119	2093	491		40574	10,69	11,4
10—14	4111	1104	109	1428	610		4727	6284	3163		1885	4441	5393	1664		2891	5493	847	1552	2188	201		47324	12,47	13
5— 9	4777	1092	120	1563	688		4883	6212	4661		2250	6664	6539	2137		3229	5910	1049	1995	2529	191		55401	14,6	14,9
0— 4	5198	1217	253	1762	810		4996	6845	5588		2293	6631	4869	1716		3536	5232	1277	2332	2830	369		57315	15,1	14,1
																							379575	100,01	100

* from Figure 3.2.

Table III.5 *NOTIFIED LIVE BIRTHS AND BIRTH RATES BY RACE AND SEX OF INFANT : 1976 TO 1977*

RACE	MALES		FEMALES		TOTAL		BIRTH RATE	
	1976	1977	1976	1977	1976	1977	1976	1977
White	1 589	1 479	1 597	1 396	3 186	2 875	12,6	11,2
Coloured	6 121	6 077	5 955	5 849	12 076	11 926	25,3	24,1
Asiatic	146	106	118	111	264	217	23,9	19,1
Blacks	2 067	1 883	2 048	2 032	4 115	3 915	40,9	38,0
TOTAL	9 923	9 545	9 718	9 388	19 641	18 933	23,3	21,8

Table III.6 *NOTIFIED BIRTHS AND BIRTH RATES BY RACE : 1973 TO 1977*

RACE	1973		1974		1975		1976		1977	
	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE
White	3 780	15,6	3 593	14,6	3 288	13,2	3 186	12,6	2 875	11,2
Coloured	14 080	32,9	13 530	30,5	12 340	26,8	12 076	25,3	11 926	24,1
Asiatic	250	24,5	241	23,0	240	22,3	264	23,9	217	19,1
Blacks	3 931	43,6	4 250	44,7	4 031	41,2	4 115	40,9	3 915	38,0
TOTAL	22 041	28,6	21 614	27,2	19 899	24,3	19 641	23,3	18 933	21,8

Table III.7

BIRTH RATES FOR 1977

RACE	POPULATION			LIVE BIRTHS	BIRTH RATE PER 1 000	GUESSED BIRTH RATE *
	MALE	FEMALE	TOTAL			
WHITE	122 500	134 840	257 340	2 875	11,2	10,7
COLOURED	232 780	262 520	495 300	11 926	24,1	22,7
ASIAN	5 900	5 450	11 350	217	19,1	20,0
BLACK LANGA	27 920	4 450	32 370	1 612	49,8	181,1
BLACK GUGULETU	29 240	27 070	56 310	2 122	37,7	39,2
BLACK REST OF CITY	9 420	4 900	14 320	181	12,6	18,5
BLACK TOTAL	66 580	36 420	103 000	3 915	38,0	53,7
TOTAL	427 760	439 230	866 990	18 933	21,8	

* See Text page 23.

Table III.8 *FERTILITY RATES FOR 1977*

RACE	Female Population	* Percentage of all females aged 15 — 44 years	Number of females aged 15 — 44 years	Notified Births	Fertility Rate (births per 1 000 females aged 15 — 44 years)
WHITES	134 840	45,5 %	61 352	2 875	46,9
COLOURED	262 520	47,2 %	123 909	11 926	96,2
ASIAN	5 450	45 %	2 453	217	88,5
BLACK TOTAL	36 420	47 %	17 117	3 915	228,7
BLACK LANGA	4 450	47 %	2 092	1 612	770,6
BLACK GUGULETU	27 070	47 %	12 723	2 122	166,8
BLACK REST OF CITY	4 900	47 %	2 303	181	78,6

* Calculated from 1970 Census for Whites and Coloureds and Asians and estimated for Blacks.

Table III.9 *NOTIFIED STILL BIRTHS AND STILL BIRTH RATES BY RACE : 1976 TO 1977*

RACE	NOTIFICATIONS			
	NUMBER		STILL BIRTH RATE	
	1976	1977	1976	1977
WHITE	26	16	8,1	5,5
COLOURED	203	181	16,5	15,0
ASIATIC	2	2	7,5	9,1
BLACKS	91	99	21,6	24,7
TOTAL	322	298	16,1	15,5

Table III.10 *STILL BIRTHS (SB) AND STILL BIRTH RATES (SBR) FOR 1977*

RACE	NUMBER			STILL BIRTH RATE PER 1000 LIVE AND STILL BIRTHS
	LIVE BIRTHS	STILL BIRTHS	LIVE AND STILL BIRTHS	
WHITE	2 875	16	2 891	5,5
COLOURED	11 926	181	12 107	15,0
ASIANS	217	2	219	9,1
BLACK TOTAL	3 915	99	4 014	24,7
BLACK LANGA	1 612	41	1 653	24,8
BLACK GUGULETU	2 122	52	2 174	23,9
BLACK REST OF CITY	181	6	187	32,1

Table III.11 *NOTIFIED TWIN BIRTHS CLASSIFIED ACCORDING TO RACE AND AS TO WHETHER OF THE SAME OR MIXED SEXES : 1977*

		CHILDREN		
RACE	No. OF PAIRS	BOTH MALES	BOTH FEMALES	MIXED
WHITE	27	10	8	9
COLOURED, ASIATIC AND BLACKS	194	46	60	88
TOTAL	221	56	68	97

Table III.12 *NOTIFIED LIVE AND STILL BIRTHS IN INSTITUTIONS (WHETHER OCCURRING IN OR OUT OF THE MUNICIPAL AREA) TO CAPE TOWN MUNICIPAL RESIDENTS : 1976 TO 1977*

	NOTIFICATIONS			
	NUMBER		PERCENTAGE OF TOTAL MATERNITIES	
	1976	1977	1976	1977
WHITE	3 169	2 863	99	99
COLOURED	8 936	8 652	73	72
ASIATIC	220	189	83	86
BLACKS	3 124	3 178	74	79
TOTAL	15 449	14 882	77	77

Table III.13 *NOTIFIED LIVE AND STILL BIRTHS (WHETHER TO RESIDENTS OR NON-RESIDENTS) BY PLACE OF OCCURRENCE AND ATTENDANT, OCCURRING WITHIN THE MUNICIPAL AREA OF CAPE TOWN : 1977*

ATTENDED	BIRTHS	PERCENTAGE
(a) In private houses:		
By private doctors	8	0,0
By private midwives		
Certificated	2 435	10,5
Uncertificated	7	0,0
By institutional midwives or student midwives	1 937	8,4
No doctor or midwife	1	0,0
	4 388	19,0
(b) In institutions:		
Public institutions	17 691	76,5
Private Nursing homes	1 046	4,5
	18 737	81,0

3 894 of these births were to non-residents of Cape Town.

Table III.14 *ILLEGITIMATE LIVE BIRTHS NOTIFIED BY RACE : 1976 TO 1977*

RACE	NOTIFICATIONS			
	NUMBER		PERCENTAGE OF TOTAL LIVE BIRTHS	
	1976	1977	1976	1977
WHITE	333	281	10,5	9,8
COLOURED	4 773	4 682	39,5	39,3
ASIATIC	8	4	3,0	1,8
BLACKS	2 394	2 390	58,2	61,0
TOTAL	7 508	7 357	38,2	38,9

Table III.15 *NOTIFIED BIRTHS TO TEENAGE MOTHERS BY RACE, LEGITIMACY AND AGE OF THE MOTHER 1977*

AGE OF MOTHER

	13 years		14 years		15 years		16 years		17 years		18 years		19 years		Total	
RACE	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg
White		1			4	14	9	14	34	32	63	26	59	39	169	126
Coloured		1	1	20	8	66	32	191	110	403	167	525	253	490	571	1696
Asiatic					2		1		1		2	1	6	1	12	2
Blacks		3		4		24	1	73	7	137	16	176	29	171	53	588
TOTAL		5	1	24	14	104	43	278	152	572	348	728	347	701	805	2412

LEG: Legitimate
Illeg: Illegitimate

Table III.16 *ILLEGITIMATE BIRTHS AS A PERCENTAGE OF TOTAL BIRTHS : 1952 TO 1977*

PERIODS	ILLEGITIMATE BIRTHS PERCENTAGE OF TOTAL BIRTHS		
	WHITE	COLOURED, ASIATIC AND BLACKS	TOTAL
YEAR			
1952—1953	3,38	24,58	19,26
1953—1954	3,59	24,55	19,30
1954—1955	2,65	23,66	18,59
1956	3,0	24,2	18,9
1957	3,6	24,7	19,8
1958	4,0	23,7	19,0
1959	4,1	23,8	19,2
1960	4,0	23,2	19,0
1961	3,8	23,3	19,0
1962	3,9	23,4	19,0
1963	4,7	24,2	20,1
1964	4,8	25,4	21,2
1965	4,6	27,0	22,9
1966	5,9	28,1	23,7
1967	8,3	29,9	25,3
1968	9,4	27,5	24,1
1969	7,8	28,6	24,7
1970	8,0	31,2	26,6
1971	7,5	33,4	28,3
1972	9,2	37,3	32,1
1973	10,1	39,1	34,2
1974	9,8	40,4	35,3
1975	9,6	42,2	36,8
1976	10,5	43,6	38,2
1977	9,8	44,1	38,9

Table III.17 *NOTIFIED LIVE AND STILL BIRTHS BY RACE, LEGITIMACY, OCCURRENCE IN INSTITUTIONS AND MUNICIPAL WARD OF RESIDENCE: 1977*

WARDS	WHITE							COLOUREDS, ASIATICS AND BLACKS							TOTALS			STILL-BIRTHS				Total still births	Percentage of total births, including still-births occurring in institutions	
	Legitimate		Illegitimate		Total			Legitimate		Illegitimate		Total						White		Coloureds Asiatics and Blacks				
	Males	Females	Males	Females	Males	Females	Total	Males	Females	Males	Females	Males	Females	Total	White	Coloureds Asiatics and Blacks	Total	Legitimate	Illegitimate	Legitimate	Illegitimate		White	Coloureds Asiatics and Blacks
1.	48	47	1		49	47	96	4	7	14	23	18	30	48	96	48	144				3	3	100	100
2.	52	51	1	1	53	52	105	5	6	21	32	26	38	64	105	64	169						100	95
3.	50	53	3	6	53	59	112	5	2	9	14	14	16	30	112	30	142				2	2	100	100
4.	57	42	3	4	60	46	106	74	66	23	19	97	85	182	106	182	288			1		1	100	96
5.	72	92	12	4	84	96	180	1	3	10	17	11	20	31	180	31	211						98	99
6.	2	2		1	2	3	5	57	47	26	19	83	66	149	5	149	154			2		2	100	100
7.	1		1		2		2	2	3	3	4	5	7	12	2	12	14						100	99
8.	43	39	9	10	52	49	101	304	302	136	156	440	458	898	101	898	999		1	5	2	8	99	97
9.	160	148	15	11	175	159	334	346	330	228	234	574	564	1138	334	1138	1472	2	1	12	10	25	99	91
10.	79	81	8	7	87	88	175	2	7	5	5	7	12	19	175	19	194		1			1	100	100
11.	93	92	7	6	100	98	198	4	3	2	7	6	10	16	198	16	214				1	1	100	88
12.	51	39	2	1	53	40	93	5	4	4	5	9	9	18	93	18	111						100	89
13.	104	81	9	8	113	89	202	2890	2807	2385	2473	5275	5280	10555	202	10555	10757	2		78	116	196	99	73
14.	148	136	49	61	197	197	394	23	30	14	26	37	56	93	394	93	487		1	1		2	99	76
15.	127	102	9	16	136	118	254	103	87	24	21	127	108	235	254	235	489	2		2	1	5	100	85
16.	173	178	7	3	180	181	361	142	152	104	99	246	251	497	361	497	858	3		5	4	12	99	60
17.	81	70	2	4	83	74	157	624	536	467	446	1091	982	2073	157	2073	2230	3		23	14	40	99	63
Not allocated (unascertained addresses)																								
TOTAL	1341	1253	138	143	1479	1396	2875	4591	4392	3475	3600	8066	7992	16058	2875	16058	18933	12	4	129	153	298	99,5	75
Births in Cape Town which did not belong thereto	666	639	10	10	676	649	1325	776	689	528	489	1304	1178	2482	1325	2482	3807	7		39	41	87	100	100
*Langa								281	299	494	538	775	837	1612		1612	1612			11	30	41		97
* Guguletu								437	439	591	655	1028	1094	2122		2122	2122			14	38	52		68

* Included in Main Table

Table III.18 *UNCORRECTED AND CORRECTED DEATHS AND CORRECTED DEATH RATES BY RACE AND SEX : 1976 TO 1977*

RACE	UNCORRECTED						CORRECTED											
	DEATHS						DEATHS						RATE					
	1976			1977			1976			1977			1976			1977		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
WHITE	1462	1287	2749	1321	1297	2618	1163	1056	2219	1074	1077	2151	9,6	7,9	8,75	8,77	7,99	8,36
COLOURED	2261	1742	4003	2042	1734	3776	1791	1440	3231	1654	1428	3082	8,0	5,7	6,77	7,11	5,44	6,22
ASIATIC	31	22	53	32	18	50	28	22	50	28	16	44	4,9	4,2	4,52	4,75	2,94	3,88
BLACKS LANGA												450						13,9
BLACKS GUGULETU												585						10,4
BLACKS REST OF CITY												63						4,4
BLACKS TOTAL	958	536	1494	881	489	1370	805	442	1247	722	376	1098	12,3	12,6	12,40	10,84	10,32	10,66
TOTAL	4712	3587	8299	4276	3538	7814	3787	2960	6747	3478	2897	6375	9,1	6,9	8,01	8,13	6,60	7,35

Table III.18

Table III.19 *CORRECTED DEATHS AND DEATH RATES BY RACE : 1973 TO 1977*

(**N.B.** 1972 figures are estimates for reasons detailed in the annual report for that year).

RACE	1973		1974		1975		1976		1977	
	DEATHS	DEATH RATE	DEATHS	DEATH RATE	DEATHS	DEATH RATE	DEATHS	DEATH RATE	DEATHS	DEATH RATE
WHITE	2 281	9,40	2 227	9,05	2 109	8,44	2 219	8,75	2 151	8,36
COLOURED	3 256	7,61	3 263	7,35	2 927	6,36	3 231	6,77	3 082	6,22
ASIATIC	55	5,40	39	3,72	40	3,72	50	4,52	44	3,88
BLACKS	1 052	11,66	1 079	11,36	1 116	11,42	1 247	12,40	1 098	10,66
ALL RACES	6 644	8,62	6 608	8,31	6 192	7,56	6 747	8,01	6 375	7,35

Table III.20 *CORRECTED DEATHS BY AGE AND SEX FOR DEFINED GROUPS OF CAUSES : 1977*

CAUSE OF DEATH	RACE	AGE GROUP: <1 year		1 year		2 to 4		Total under 5		5 to 9		10 to 14		15 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65 to 74		75 to 84		85 and upwards		TOTALS			Bantu Townships included in main table: Langa		Guguletu		Non Resident cases excluded from main table	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Persons	M	F	M	F	M	F
I. Infective and parasitic diseases	W	1						1								1			2	3	2	3	2	2	2	3	6			13	14	27					6	8
	C, A & B	26	26	15	15	5	5	46	46	3	2	1	2	7	7	14	11	31	3	42	13	30	7	20	10	5	7			199	108	307	40	14	37	31	96	62
II. Neoplasms	W									1					1	3	1	7	10	20	21	50	51	90	74	44	61			215	219	434					81	53
	C, A & B	2		1		2	2	5	2	2	2	2	1	4	3	10	7	34	27	73	55	116	56	72	51	31	27			349	231	580	43	11	52	29	101	70
III. Endocrine nutritional and metabolic diseases	W												1							2	1	4	3	3	7	2	5			11	17	28					4	3
	C, A & B	7	6	5	2	2	4	14	12							1	1	3	2	4	13	12	22	12	24	4	17			50	91	141	5	3	11	9	34	42
IV. Diseases of the blood and bloodforming organs	W																							1		1	1			2	1	3						1
	C, A & B									1			1		1		1								3					1	6	7				1		1
V. Mental disorders	W																			1				2	1	1				4	1	5					1	
	C, A & B																	3		2	1					1				6	1	7					1	1
VI. Diseases of the nervous system and sense organs	W		1			1		1	1								1	2		1	1	1		1	3					6	6	12					2	5
	C, A & B	6	5	2		1	3	9	8	3	1		1	1	7	6	2	4	3	6	2	6	1	1	2		3			36	30	66	5	1	9	8	26	12
VII. Diseases of the circulatory system	W															6	3	10	2	41	23	132	57	178	170	116	155			483	410	893					83	71
	C, A & B	12	9		2			12	11	2		4	2	7	5	13	16	51	38	112	70	158	141	144	163	65	126			568	572	1 140	42	10	48	46	83	85
VIII. Diseases of the respiratory system	W	2	3	1			1	3	4	2	2		2		1	5	2	3	3	10	5	18	14	32	22	28	28			101	83	184					19	17
	C, A & B	67	49	11	7	8	8	86	64	4	1	1	1	8	8	25	14	44	29	66	21	76	31	60	31	24	21			394	221	615	54	24	55	40	55	50
IX. Diseases of the digestive system	W		1						1				1			1		2		7	3	11	2	8	8	3	3			32	18	50					9	9
	C, A & B	64	51	11	13	2	2	77	66	2				1	1	4	1	12	9	15	5	11	3	3	3	3	5			128	93	221	40	29	27	26	51	38
X. Diseases of the genito-urinary system	W														1					2	2	1	2	7	5	6	7			16	17	33					7	6
	C, A & B					1		1		1				4		3	1	9	5	9	10	7	9	6	6	1	6			41	37	78	9	2	5	6	14	7
XI. Complications of pregnancy, child-birth and the puerperium	W																																					
	C, A & B														2		1		2												5	5		2		1		
XII. Diseases of the skin and subcutaneous tissue	W																								1						1	1						
	C, A & B										1														1						2	2				2	1	1
XIII. Diseases of the musculo-skeletal system and connective tissue	W																			1		1									2	2						
	C, A & B		1						1				3				1						1	3						3	6	9			1			
XIV. Congenital anomalies	W	2	5					2	5								1													2	6	8					6	4
	C, A & B	11	16	1	1	2		14	17				1																	14	18	32	3	1	2	3	12	5
XV. Certain causes of perinatal morbidity and mortality	W	3	4					3	4																					3	4	7					2	1
	C, A & B	92	78					92	78								1													92	79	171	15	7	15	15	25	18
XVI. Symptoms and ill-defined conditions	W	1	1					1	1				1	1				3	2	3	4	8	4	12	14	15	14	74	211	117	251	368					15	35
	C, A & B	22	15	3	1	2	2	27	18	1		1	2	7	5	6	3	8	7	19	13	18	18	18	26	18	23	51	136	174	251	425	19	13	19	18	17	20
(E) XVII. Accidents, poisonings and violence (external cause)	W			1	1	1	3	2	4	1		1		15	1	12	1	9	3	4	2	6	3	11	9	6	3	2	1	69	27	96					12	7
	C, A & B	4	2	1	1	6	5	11	8	14	7	11	5	87	14	85	12	65	7	49	6	17	5	6	4	4	1			349	69	418	53	5	61	8	35	9
TOTALS	W	9	15	2	1	2	4	13	20	4	2	1	5	16	4	28	9	36	23	94	65	234	138	347	316	225	283	76	212	1 074	1 077	2 151					247	220
	C, A & B	313	258	50	42	31	31	394	331	33	14	20	19	126	53	167	72	264	132	397	209	451	294	345	324	156	236	51	136	2 404	1 820	4 224	328	122	342	243	551	421
ALL RACES		322	273	52	43	33	35	407	351	37	16	21	24	142	57	195	81	300	155	491	274	685	432	692	640	381	519	127	348	3 478	2 897	6 375					798	641

W = White; C = Coloured; A = Asiatic; B = Blacks.

Table III.21 CORRECTED DEATHS BY OCCUPATION AT TIME OF DEATH, SEX AND VARIOUS AGE-GROUP INTERVALS : 1977

OCCUPATION	SEX	AGE GROUP 15—24 W	AGE GROUP 15—24 C, A & B	AGE GROUP 25—44 W	AGE GROUP 25—44 C, A & B	AGE GROUP 45—64 W	AGE GROUP 45—64 C, A & B	AGE GROUP 65 + W	AGE GROUP 65 + C, A & B	NON-RESIDENTS W	NON-RESIDENTS C, A & B
Agriculture	M			1		1				11	1
	F										
Clerical	M		2	5	19	24	14	8	5	8	6
	F	1	2	4		13		2		7	2
Domestic Servant	M										
	F		7		19		9		1		7
Fishing and Marine	M		2	1	5	1	8			1	7
	F										1
Invalid	M		5	7	9	5	18	2	1	2	2
	F	1	2	2	3	5	6	3	2	1	4
Labourer	M		74	2	299	5	481		40	2	179
	F						1				
Managerial	M	1		4	4	26	7	16		15	2
	F					3					
Commercial	M			2	2	15	3	33		10	3
	F			1							
Professional	M			4	1	25	3	14		10	
	F					5	1			1	
Police and Military	M	1			4	9	6		1	7	2
	F										
Salesmen	M			2	3	13	8	1		1	
	F				1	2		2			
Scholar	M	6	28	1						2	3
	F	1	9							2	4
Teacher	M				6	1	9		1	2	5
	F				1		1	2	1	4	1
Tradesmen	M	1	5	18	24	29	55	3	11	16	17
	F										
Transport	M	1		1	9	8	23	1	3	2	5
	F										
Other Workers	M	6	9	15	37	41	81	6	7	12	14
	F		10	2	7	4	6	3		2	3
Housewives	M										
	F	1	23	23	172	145	410	272	150	103	151
Retired etc.	M		1	1	9	125	132	564	483	125	94
	F				1	26	69	527	542	87	74
TOTAL	M	16	126	64	431	328	848	648	552	226	342
	F	4	53	32	204	203	503	811	696	207	247

W = White; C = Coloured; A = Asiatic; B = Blacks

Table III.22 CORRECTED DEATHS BY MONTH OF REGISTRATION : 1972 TO 1977

	1972	1973	1974	1975	1976	Mean Previous 5 years	1977
January	436	559	468	480	452	479	541
February	—	403	439	460	549	463	386
March	—	574	531	461	568	534	520
April	—	447	443	497	488	469	408
May	—	560	643	476	523	551	635
June	—	596	619	606	695	629	607
July	520	586	736	554	567	593	611
August	614	694	561	617	691	635	721
September	461	659	648	562	528	572	503
October	434	526	473	484	515	486	436
November	579	495	559	582	615	566	524
December	429	545	488	413	556	486	483
TOTAL	3 473	6 644	6 608	6 192	6 747	6 463	6 375
MEAN	496	554	551	516	562	539	531
Per 1 000 population	7,9	8,6	8,3	7,6	8,0	7,45	7,35

Table III.23 *THE TEN PRINCIPAL CAUSES OF MORTALITY IN CAPE TOWN : 1977 (BEING ARBITRARILY GROUPED CONDITIONS BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 8th REVISION, AND EXCLUDING ILL-DEFINED CAUSES*

WHITES				COLOURED, ASIATIC AND BLACKS			
Int. Code No.	Cause of death	Deaths	Death rate	Int. Code No.	Cause of death	Deaths	Death rate
393—398 402, 404 410—414 420—429	Cardiovascular diseases	611	2,37	393—398 402, 404 410—414 420—429	Cardiovascular diseases	664	1,09
140—209	Cancer	432	1,68	140—209	Cancer	571	0,94
794	Senility	291	1,13	466 480—486 490—491	Bronchitis and Pneumonia	431	0,71
430—438 440—448	Arterial diseases	252	0,98	E800—999	Accidents and violence	418	0,69
466 480—486 490—491	Bronchitis and Pneumonia	110	0,43	430—438 440—448	Arterial diseases	406	0,67
E800—999	Accidents and violence	96	0,37	794	Senility	202	0,33
492—3 500—519 470—4, 460—5 467	Other Respiratory diseases	77	0,30	492—3 500—519 470—4, 460—5 467	Other Respiratory diseases	192	0,31
580—629	Diseases of Genito/ Urinary System	33	0,13	771—9	Peri Natal Mortality	171	0,28
390—2, 400—1 403—4 450—8	Other diseases of Circulatory System	30	0,12	010—019	Tuberculosis	156	0,26
250	Diabetes Mellitus	24	0,09	561	Gastro Enteritis	145	0,24

Table III.24 *DEATHS FROM 'CANCER' (MALIGNANT NEOPLASMS INCLUDING THOSE OF LYMPHATIC AND HAEMOPOIETIC TISSUE) AND DEATH RATES PER 100 000 POPULATION : 1977*

Int. Code No.	Parts affected	White		Coloured, Asiatic & Blacks		Total	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140—9	Malignant neoplasm of buccal cavity and pharynx	8	3	18	3	26	3
150	Malignant neoplasm of oesophagus	11	4	55	9	66	8
151	Malignant neoplasm of stomach	28	11	70	12	98	11
152—3	Malignant neoplasm of intestine	43	17	23	4	66	8
154	Malignant neoplasm of rectum	9	4	11	2	20	2
155	Malignant neoplasm of liver	11	4	28	5	39	5
157	Malignant neoplasm of pancreas	19		13	2	32	4
162	Malignant neoplasm of trachea and bronchus of lung	109	42	141	23	250	29
174	Malignant neoplasm of breast	43	17	49	8	92	11
180	Malignant neoplasm of cervix uteri	7	3	27	4	34	4
183	Malignant neoplasm of ovary	13	5	9	2	22	3
185	Malignant neoplasm of prostate	15	6	14	2	29	3
188	Malignant neoplasm of bladder	12	5	10	2	22	4
200—9	Neoplasm of lymphatic and haemotopoietic tissues	33	13	35	6	68	8
	Malignant neoplasm of other and unspecified sites	71	28	68	11	139	16
	TOTAL	432	168	571	94	1 003	116

Table III.25 *LUNG CANCER MORTALITY OVER A SERIES OF YEARS*

YEAR	Whites		Rates per 100 000 population		Coloured, Asiatic and Blacks		Rates per 100 000 population	
	Male	Female	Male	Female	Male	Female	Male	Female
1947	21	3	23,5	3,1	4	2	4,1	2,0
1957	46	6	49,8	5,9	27	5	17,0	3,0
1967	57	7	57,1	6,4	51	8	22,9	3,7
1971	53	17	47,3	13,8	54	10	21,3	4,1
1973	58	23	50,2	18,1	83	13	31,1	5,0
1974	60	22	51,2	17,0	79	16	28,5	5,9
1975	61	29	51,3	22,1	86	17	30,1	6,0
1976	61	23	50,3	17,3	88	24	29,8	8,2
1977	76	33	62,0	24,5	115	26	37,7	8,5

Table III.26 *PERCENTAGE OF MALE PERSONS DYING OF LUNG CANCER UNDER THE AGE OF 55 YEARS AND AT OR OVER THE AGE OF 55 YEARS: 1973 TO 1977*

	WHITE		COLOURED, ASIATIC AND BLACKS	
	Under 55 years %	Over 55 years %	Under 55 years %	Over 55 years %
1973	24	76	43	57
1974	7	93	35	65
1975	18	82	42	58
1976	13	87	31	69
1977	12	88	41	59

Table III.27 *SELECTED CAUSES OF DEATH BY RACE : 1977*

INTERNATIONAL CODE NO.	CAUSE OF DEATH	WHITE	COLOURED	ASIATIC	BLACKS	TOTAL
001	Typhoid				1	1
004,8,9,561	Dysentery and Gastro Enteritis	2	53		109	164
011	Tuberculosis Pulmonary	8	71	2	64	145
010,012—019	" Other Forms	1	6		13	20
032	Diphtheria					
033	Whooping Cough		1			1
036	Meningococcal Infections		17		5	22
038	Septicaemia	16	40		13	69
040—043	Acute Poliomyelitis					
055	Measles		17		24	41
070	Viral Hepatitis		2	1	1	4
090—097	Syphilis		5			5
	Other Infective and Parasitic Diseases		5		2	7
140—209	Malignant Neoplasms	432	429	6	136	1003
210—239	Benign Neoplasms	2	6		3	11
250	Diabetes Mellitus	24	95	3	11	133
280—289	Anemias	3	6		1	10
320—358	Diseases of Nervous System	12	42		24	78
390—392	Rheumatic Fever	1				1
393—398	Heart Disease Rheumatic	4	17	2	6	29
410—414	Degenerative	511	368	14	18	911
420—429	Other	88	137	2	41	268
404—404	Hypertensive Disease	22	94		7	123
430—438	Cerebrovascular Diseases	215	309	3	68	595
440—448	Diseases of Arteries	37	24		2	63
470—474	Influenza	2	2			4
480—486	Pneumonia	98	269	3	133	503
466,490—491	Bronchitis	12	21		5	38
492,493	Emphysema, Asthma	35	77		28	140
500—519	Other Diseases of Respiratory System	37	62	2	13	114
531—532	Ulcer of Stomach and Duodenum	5	2		1	8
540	Acute Appendicitis		1			1
550—560	Intestinal Obstruction and Hernia	4	4		3	11
571	Cirrhosis of Liver	5	5		1	11
580—584	Nephritis	5	14		6	25
590—629	Other Diseases of Genito-Urinary System	28	40		18	86
630—678	Complications of Pregnancy		2		3	5
740—759	Congenital Anomalies	8	22	1	9	40
760—779	Perinatal Mortality	7	116		55	178
780—796	Senility and Ill Defined	368	346	3	76	793
810—819	Motor Vehicle Accidents	26	97		39	162
	All Other Accidents	29	67	1	40	137
950—959	Suicide	33	18		6	57
960—977	Homicide	4	75		59	138
	Other Causes	67	98	1	54	220
	TOTAL	2151	3082	44	1098	6375

Table III.28 *SELECTED CAUSES OF DEATH BY MONTH OF REGISTRATION: 1977*

International Code No.	DISEASE	White, Coloured, Asiatic and Blacks	January	February	March	April	May	June	July	August	September	October	November	December	Year
001, 002	Typhoid	W													
		C, A & B										1			1
010—012	Tuberculosis Pulmonary	W	1			1	2			1	2		1		8
		C, A & B	8	10	5	9	18	10	9	18	13	8	18	11	137
013—019	Tuberculosis Other Forms	W						1							1
		C, A & B	2	1	1		2	2	3	2	2	1	1	2	19
032	Diphtheria	W													
		C, A & B													
033	Whooping Cough	W													
		C, A & B		1											1
036	Meningococcal Infections	W													
		C, A & B		1			4	1	2	9	3		2		22
040—044	Poliomyelitis	W													
		C, A & B													
055	Measles	W													
		C, A & B	2		2	1	1	6	6	6	2	6	5	4	41
090—099	Veneral Disease	W													
		C, A & B	2					1	1			1			5
140—209	Malignant Neoplasms	W	45	18	43	30	35	36	45	35	41	28	45	31	432
		C, A & B	43	34	57	24	53	49	68	55	36	44	61	47	571
250	Diabetes	W	2	2	1	5	4	2	2	1	1			4	24
		C, A & B	14	13	9	4	10	12	14	7	8	5	4	9	109
390—392	Rheumatic Fever	W			1										1
		C, A & B													
393—398	Rheumatic Heart	W										1	1	2	4
		C, A & B	3	1	1	3	5	2	2		2	1	3	2	25
400—404	Hypertension	W	2		4		3	2	1	2		2	3	3	22
		C, A & B	9	6	7	7	14	9	8	5	8	4	16	8	101
410—414	Ischaemic Heart Disease	W	42	22	39	38	33	61	43	63	43	43	45	39	511
		C, A & B	27	30	27	28	33	37	37	61	34	23	32	31	400
420—429	Other Heart Diseases	W	7	5	8	5	5	5	13	10	7	6	10	7	88
		C, A & B	18	9	18	3	15	14	16	25	19	16	14	13	180
430—438	Cerebrovascular Diseases	W	14	22	11	18	22	29	14	28	16	13	15	13	215
		C, A & B	32	24	32	16	40	34	25	60	31	29	30	27	380
440—448	Arterial Diseases	W	3	1		2	5	4	5	7	6	2	1	1	37
		C, A & B	3	3	6		2	2	2	2	1	3	1	1	26
470—474	Influenza	W						1	1						2
		C, A & B						1					1		2
480—6	Pneumonia	W	7	8	5	7	14	13	5	11	6	5	11	6	98
		C, A & B	40	11	24	35	49	39	41	52	33	33	22	26	405
466, 490—1	Bronchitis	W		1			2	1	2	5	1				12
		C, A & B		2	5		1	2	6	4	1	1	1	3	26
004,8,9 561	Gastro Enteritis	W			1		1								2
		C, A & B	30	12	20	11	30	18	13	4	3	3	7	12	162
580—584	Nephritis	W				2	1	2							5
		C, A & B	2	2		1	3	2	1	3	3	1		2	20
630—9 650—678	Pregnancy	W													
		C, A & B			1									1	2
640—5	Abortion	W													
		C, A & B						1	1			1			3
740—759	Congenital Anomalies	W				2		1	1				2	2	8
		C, A & B		1	1	4	4	3	5	3	3	2	1	5	32
770—779	Perinatal Mortality	W			1	1	2	1		1		1			7
		C, A & B	17	7	14	6	21	23	2	21	21	8	13	18	171
780—796	Ill Defined & Senility	W	27	29	33	25	28	32	31	38	33	32	23	37	368
		C, A & B	38	22	27	21	39	45	44	58	23	36	35	37	425
800—7	Railway Accidents	W					1				1				2
		C, A & B	1	2	2	2	3		3	3	1	2	1		20
810—827	Road Accidents	W	6	3	2	3	3	1	2	3	1	1	1		26
		C, A & B	13	8	11	14	21	3	16	13	11	7	14	5	136
830—949	Other Accidents	W	1	1	3	2	2	2	7	2	4	1	2		27
		C, A & B	3	10	6	4	10	5	14	9	8	8	8	3	88
950—959	Suicide	W	4	1	6	1	4	1	5	2	3	1	4	1	33
		C, A & B	2	2	3	2		1	3	2	2	4	3		24
960—977	Homicide	W			1		1	1					1		4
		C, A & B	22	9	18	20	13		17	10	7	6	8	4	134
	ALL CAUSES	W	180	125	180	160	185	223	190	236	178	147	181	166	2151
		C, A & B	361	261	340	248	450	384	421	485	325	289	343	317	4224

W = White; C = Coloured; A = Asiatic; B = Blacks.

Table III.29 *DEATH RATES BY SELECTED CAUSE AND RACE GROUP: 1967 – 1977*

DISEASE	RACE	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	Mean Previous 10 Yrs	1977
Enteric Fever	W												
	C, A & B		0,00			0,00				0,00		0,00	0,00
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	W	0,02	0,02	0,01	0,04	0,01	0,01	0,00	0,02	0,01	0,01	0,02	0,01
	C, A & B	0,80	0,69	0,76	0,85	0,63	0,43	0,59	0,49	0,38	0,44	0,61	0,27
Tuberculosis, respiratory system	W	0,03	0,04	0,03	0,04	0,02	0,05	0,03	0,02	0,00	0,01	0,03	0,03
	C, A & B	0,45	0,39	0,40	0,38	0,31	0,38	0,35	0,28	0,27	0,25	0,35	0,22
Tuberculosis, other forms	W			0,00	0,01				0,01		0,00	0,00	0,00
	C, A & B	0,05	0,05	0,05	0,03	0,03	0,03	0,04	0,05	0,02	0,03	0,04	0,03
Diphtheria	W									0,01		0,00	
	C, A & B			0,00			0,00		0,00	0,00	0,00	0,00	
Whooping cough	W											0,00	0,00
	C, A & B	0,00	0,01		0,01	0,00	0,01	0,00	0,01		0,01	0,00	
Meningococcal cerebrospinal meningitis	W		0,01		0,00			0,00				0,02	0,04
	C, A & B	0,07	0,02	0,02	0,01	0,01	0,02	0,01	0,00	0,01	0,03	0,03	0,06
Purulent infection — septicaemia and erysipelas (non-puerperal)	W	0,02	0,02	0,03	0,03	0,00	0,01	0,06	0,06	0,03	0,08	0,05	0,09
	C, A & B	0,04	0,04	0,01	0,03	0,03	0,05	0,08	0,11	0,07	0,05	0,00	
Acute anterior poliomyelitis and polioencephalitis	W	0,00									0,00	0,00	
	C, A & B		0,00								0,00	0,00	
Measles	W	0,00		0,01	0,00		0,01	0,00		0,00	0,06	0,09	0,07
	C, A & B	0,08	0,09	0,12	0,09	0,11	0,06	0,09	0,13	0,05		0,00	
Acute infectious encephalitis	W				0,01						0,00	0,00	
	C, A & B	0,01	0,00	0,01	0,00			0,00				0,00	
Syphilis	W	0,01	0,00	0,00		0,00		0,00				0,01	0,00
	C, A & B	0,02	0,02	0,02	0,02	0,01	0,01	0,02	0,01	0,01	0,00	0,00	
General paralysis of the insane: tabes dorsalis	W		0,01		0,00		0,01					0,01	0,00
	C, A & B	0,02	0,01	0,01	0,01	0,00	0,01	0,00	0,02	0,00	0,00	1,74	1,68
Cancer	W	1,79	1,74	1,90	1,73	1,65	1,70	1,77	1,77	1,68	1,62	0,88	0,94
	C, A & B	0,80	0,84	0,88	0,88	0,82	0,92	0,97	0,89	0,91	0,93	0,20	0,09
Diabetes	W	0,14	0,18	0,33	0,40	0,33	0,32	0,09	0,06	0,05	0,11	0,20	0,18
	C, A & B	0,14	0,16	0,23	0,35	0,23	0,30	0,16	0,14	0,09	0,15	0,00	0,00
Acute rheumatic fever	W	0,01							0,00			0,01	
	C, A & B	0,02	0,01	0,02	0,01	0,00	0,01	0,01	0,01	0,01		2,61	2,43
Cardiac diseases	W	2,92	2,98	2,74	2,82	2,35	2,05	2,88	2,63	2,30	2,42	1,14	1,16
	C, A & B	1,35	1,34	1,15	1,22	1,02	0,72	1.33	1,10	1,01	1,20	1,03	0,84
Intracranial lesions of vascular origin	W	1,23	1,29	1,02	1,16	0,97	1,06	1,02	0,92	0,80	0,82	0,76	0,62
	C, A & B	0,86	0,80	0,72	0,77	0,62	0,66	0,73	0,74	1,03	0,65	0,08	0,05
Arterio sclerosis	W	0,10	0,07	0,09	0,11	0,06	0,01	0,08	0,11	0,12	0,01	0,04	0,01
	C, A & B	0,07	0,06	0,02	0,04	0,04	0,04	0,02	0,05	0,04	0,01	0,01	0,09
Aneurysm of the aorta	W							0,02			0,06	0,00	0,03
	C, A & B				0,00			0,01	0,00	0,00	0,02	0,00	0,00
Influenza	W	0,00			0,00				0,02		0,00	0,01	0,00
	C, A & B	0,01	0,00	0,02	0,01		0,00	0,01	0,02	0,00	0,01	0,39	0,43
Bronchitis and pneumonia (including pneumonia of the newborn)	W	0,31	0,25	0,34	0,41	0,38	0,45	0,43	0,37	0,48	0,52	0,89	0,67
	C, A & B	0,88	0,87	0,94	1,00	0,86	0,86	0,94	0,84	0,75	0,97	0,07	0,02
Nephritis	W	0,09	0,08	0,11	0,11	0,11	0,06	0,05	0,03		0,02	0,07	0,03
	C, A & B	0,08	0,13	0,10	0,07	0,08	0,08	0,07	0,04	0,02	0,02		
Puerperal sepsis	W											0,01	
	C, A & B	0,02	0,01	0,00	0,01	0,01	0,00	0,00	0,00			0,00	
Other diseases of pregnancy, childbirth and puerperal state	W			0,00	0,00							0,02	0,01
	C, A & B	0,04	0,02	0,01	0,02	0,02	0,01	0,00	0,01	0,01	0,02	0,19	0,03
Congenital malformations and diseases of early infancy	W	0,21	0,25	0,30	0,23	0,20	0,19	0,16	0,14	0,12	0,08	0,71	0,05
	C, A & B	1,09	0,99	0,97	0,90	0,76	0,56	0,59	0,49	0,40	0,35	1,46	0,13
Senility	W	1,50	1,55	1,51	1,59	1,61	1,50	1,44	1,26	1,46	1,20	0,43	1,33
	C, A & B	0,63	0,34	0,39	0,45	0,49	0,31	0,44	0,30	0,65	0,34	0,45	0,37
Accidents, poisonings and violence (external cause)	W	0,57	0,42	0,57	0,57	0,37	0,31	0,45	0,32	0,44	0,44	0,87	0,69
	C, A & B	1,07	0,89	1,07	1,14	0,94	0,57	0,90	0,57	0,79	0,79	1,17	1,08
Other causes	W	1,05	1,26	1,32	1,33	0,90	1,23	1,01	1,30	0,95	1,33	1,32	1,45
	C, A & B	1,31	1,51	1,40	1,32	0,72	1,36	1,58	1,67	1,02	1,33		
TOTAL	W	10,03	10,19	10,34	10,57	9,04	8,99	9,40	9,05	8,44	8,75	9,48	8,35
	C, A & B	9,91	9,31	9,34	9,62	7,82	7,41	8,26	7,98	7,18	7,69	8,45	6,93

W = White; C = Coloured; A = Asiatic; B = Blacks

Table III.30 *DEATHS AND DEATH RATES PER 100 000 POPULATION IN WHITES AND COLOUREDS DUE TO CORONARY THROMBOSIS (ICD CODE NO. 410): 1973 – 1977*

RACE		1973		1974		1975		1976		1977	
		M	F	M	F	M	F	M	F	M	F
White	Deaths	346	209	258	184	261	132	249	156	264	181
	Rate	3,00	1,64	2,20	1,43	2,20	1,01	2,06	1,17	2,16	1,34
Coloured	Deaths	193	128	166	97	131	97	173	113	163	131
	Rate	0,96	0,56	0,80	0,41	0,61	0,40	0,77	0,45	0,70	0,50

Table III.31 *DEATHS AND DEATH RATES DUE TO MEASLES BY RACE GROUP: 1968 – 1977*

	MEASLES			
YEAR	Deaths		Rate per 100 000 population	
	White	Coloured, Asiatic and Black	White	Coloured, Asiatic and Black
1968		42		9,44
1969	2	54	0,93	11,69
1970	1	43	0,46	9,01
1971		55		11,00
1972	1(2)	19(33)	0,84	6,43
1973	1	49	0,41	9,23
1974		69		12,56
1975	1	26	0,40	4,57
1976		34		5,77
1977		41		6,73

Table III.32 *DEATHS AND DEATH RATES DUE TO INFLUENZA (ICD CODE 470 – 474) BRONCHITIS (ICD CODE NO. 466,490 – 491) AND PNEUMONIA (ICD CODE NOS. 480–486) BY RACE GROUP : 1968 – 1977*

YEAR	INFLUENZA				BRONCHITIS				PNEUMONIA (all forms)			
	White		Coloured Asiatic and Black		White		Coloured Asiatic and Black		White		Coloured Asiatic and Black	
	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000
1968			2	0,45	25	11,79	75	16,86	27	12,73	283	63,61
1969			9	1,95	45	20,98	90	19,48	29	13,52	346	74,89
1970	1	0,46	5	1,05	50	23,04	114	23,89	39	17,97	361	75,65
1971					45	19,10	107	21,39	44	18,68	321	64,17
1972			1(2)	0,39	34(58)	24,26	50(86)	16,75	29(50)	20,92	207(354)	68,95
1973			6	1,14	21	8,66	53	10,03	83	34,21	419	79,33
1974	4	1,62	13	2,37	6	2,44	33	6,01	84	34,12	429	78,12
1975			2	0,35	3	1,20	25	4,40	116	46,43	404	71,03
1976	1	0,39	3	0,51	7	2,76	23	3,90	126	49,69	550	93,37
1977	2	0,78	2	0,33	12	4,66	26	4,26	98	38,08	405	66,43

Table III.33 *DEATHS DUE TO BRONCHITIS (ICD CODE 466, 490, 491)AND PNEUMONIA (ICD CODE 480–486) BY RACE AND AGE : 1976 – 1977*

	1976		1977	
	White	Coloured, Asiatic and Black	White	Coloured, Asiatic and Black
Under 1 year	4	147	5	113
1 — 2 years	2	40	1	18
3 — 4 years	1	17		15
Total under 5 years	7	204	6	146
All other ages	126	369	104	285
TOTAL	133	573	110	431

Table III.34 DEATHS AND DEATH RATE DUE TO THE GROUP OF DIARRHOEAL DISEASES SHOWN : 1968 – 1977

INT. CODE NO.	DISEASE	1968			1969			1970			1971			1972		
		W	C, A & B	T	W	C, A & B	T	W	C, A & B	T	W	C, A & B	T	W	C, A & B	T
561	Gastro-enteritis and colitis, including diarrhoea of the newborn	5	309	314	3	351	354	8	405	413	3	315	318	2(3)	129(221)	131(224)
563	Chronic enteritis and ulcerative colitis	1	3	4	3	2	5	2		2	2	2	4		2(3)	2(3)
000	Cholera															
004	Dysentery, bacillary		1	1		1	1									
006	Dysentery, amoebic		4	4		4	4		5	5		2	2			
007—9	Dysentery, other forms								1	1						
	TOTAL	6	317	323	6	358	364	10	411	421	5	319	324	2(3)	131(224)	133(227)
	Diarrhoeal death rate per 100 000 population	2,83	71,25	49,16	2,80	77,49	53,80	4,61	86,13	60,64	2,12	63,77	44,04	1,25	43,63	30,17

INT. CODE NO.	DISEASE	1973			1974			1975			1976			1977		
561	Gastro-enteritis and colitis, including diarrhoea of the newborn	1	312	313	5	268	273	2	199	201	1	247	248		145	145
563	Chronic enteritis and ulcerative colitis	2	1	3					2	2	2		2		4	4
000	Cholera															
004	Dysentery, bacillary		1	1		2	2				1		1	1		1
006	Dysentery, amoebic		6	6		2	2		2	2		3	3		4	4
007—9	Dysentery, other forms		1	1	1	1	2		8	8	1	9	10	1	13	14
	TOTAL	3	321	324	6	273	279	2	211	213	5	259	264	2	166	168
	Diarrhoeal death rate per 100 000 population	1,24	60,77	42,04	2,44	49,71	35,08	0,80	37,10	26,02	1,97	43,97	31,33	0,78	27,23	19,38

Table III.35 *DEATHS OF INFANTS UNDER THE AGE OF ONE YEAR DUE TO DIARRHOEA AND GASTRO-ENTERITIS BY RACE GROUP: 1968 – 1977*

YEAR	DIARRHOEA AND ENTERITIS					
	White		Coloured, Asiatic and Black		All Races	
	Male	Female	Male	Female	Male	Female
1968	1	2	115	126	116	128
1969	2	1	155	124	157	125
1970	4	1	161	173	165	174
1971	3	1	124	123	127	124
1972			58(99)	47(81)	58(99)	47(81)
1973		1	113	102	113	103
1974			102	99	102	99
1975	1		97	97	98	97
1976	1		105	129	106	129
1977			68	54	68	54

Table III.36

GENERAL MORTALITY IN LANGA AND GUGULETU 1977: ILLUSTRATING THE TEN PRINCIPAL CAUSES OF DEATH (ALL AGES)

LANGA				GUGULETU			
RANK	CAUSE	NO.	%	RANK	CAUSE	NO.	%
1	Pneumonia	65	14,4	1	Malignancy	84	14,4
2	Gastro-enteritis/Dysentery	54	12	2	Senility/Ill Defined	74	12,7
3	Malignancy	52	11,5	3	Pneumonia	68	11,5
4	Pulmonary Tuberculosis	32	7,1	4	Gastro-enteritis/Dysentery	56	9,6
4	Senility/Ill defined	32	7,1	5	Cerebrovascular disease	46	7,9
6	Perinatal Mortality	22	4,9	6	Homicide	45	7,7
7	Homicide	21	4,7	7	Perinatal Mortality	33	5,6
7	Cerebrovascular Disease	21	4,7	8	Pulmonary Tuberculosis	32	5,5
9	Motor Vehicle Accidents	15	3,3	9	'Other' Heart disease *	26	4,4
9	'Other' Heart Disease *	15	3,3	10	Motor Vehicle Accidents	24	4,1
Other		121	27	Other		97	16,6
TOTAL		450	100	TOTAL		585	100

* (i.e. 'other' than Myocardial infarction which does **not** figure as one of the ten principal causes of Black Mortality)

Table III.36

Table III.37 *DEATH DUE TO HOME ACCIDENTS BY CAUSE, SEX, AGE GROUP AND RACE GROUP: 1977*

CAUSE	SEX	AGE GROUPS																
		0—4		5—14		15—24		25—49		50—64		65 +		TOTAL				
		W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C	A	B	T
Burns or Scalding	M						4		3						5		2	
	F									1		1		2				9
Falls	M								1		1	3		3	1		1	
	F								1			5		5	1			11
Suffocation	M		1												1			
	F																	1
Poisoning by drugs	M																	
	F								1						1			1
Carbon Monoxide Poisoning	M							1	3		1			1	2		2	
	F																	5
Drowning	M	1										1		2				
	F	2	2											2	1		1	6
Cuts	M																	
	F																	
Electrocution	M			1										1				
	F																	1
Firearms	M																	
	F																	
Other	M		1								1				2			
	F										1						1	3
TOTAL	M	1	2	1			4	1	7		3	4		7	11		5	23
	F	2	2						2	1	1	6		9	3		2	14
	T	3	4	1			4	1	9	1	4	10		16	14		7	37

W = White; C = Coloured; A = Asiatic; B = Black.

Table III.38 *ACCIDENTAL DEATHS BY CAUSE: 1973 – 1977*

	1973	1974	1975	1976	1977				
	T	T	T	T	W	C	A	B	T
Railway	15	6	25	27	2	6		14	22
Road Traffic	202	148	174	194	26	98		38	162
Poisoning	11	16	15	23	1	6		4	11
Falls	24	32	59	45	13	16		4	33
Drowning	31	20	44	41	4	19		9	32
Asphyxia	3	1	10	5		1			1
Burns	24	26	20	24	2	8		3	13
Trauma	19	8	3						
Firearms	1	2		2		1			1
Electrocution	1	1	2	2	2			1	3
Miscellaneous	32	31	27	25	5	10	1	5	21
TOTAL	363	291	379	388	55	165	1	78	299

Table III.39 *SUICIDAL DEATHS BY RACE AND SEX: 1973 – 1977*

YEAR	White		Coloured, Asiatic and Blacks		Total			Rate per 1 000
	Male	Female	Male	Female	Male	Female	Persons	
1973	19	16	13	4	32	20	52	0,07
1974	12	3	14	1	26	4	30	0,04
1975	17	10	16	6	33	16	49	0,06
1976	25	9	16	2	41	11	52	0,06
1977	24	9	22	2	46	11	57	0,07

Table III.40 *SUICIDAL DEATHS BY AGE GROUP AND RACE: 1973 – 1977*

YEAR	10—14		15—24		25—44		45—64		65 +		Total
	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	
1973	—	—	5	4	11	11	9	2	10	—	52
1974	—	—	3	3	6	9	6	3	—	—	30
1975	—	—	5	5	9	10	7	9	4	—	49
1976	1	—	5	4	11	10	12	4	5	—	52
1977	—	—	1	6	16	14	4	3	12	1	57

Table III.41 SUICIDAL DEATHS BY METHOD ADOPTED : 1973 – 1977

	1973	1974	1975	1976	1977				
	T	T	T	T	W	C	A	B	T
Drug Poisoning	28	4	9	8	4	3	—	—	7
Hanging	5	9	15	15	2	9	—	5	16
Firearms	4	10	11	12	17	1	—	—	18
Carbon monoxide Poisoning	3	2	2	7	2	1	—	—	3
Falls	4	—	4	4	1	—	—	—	1
Railway	3	2	1	4	3	3	—	—	6
Drowning	1	—	3	—	1	1	—	1	3
Wounds	1	1	2	—	1	—	—	—	1
Electrocution	1	—	—	—	—	—	—	—	—
Burns	1	—	2	2	—	—	—	—	—
Inanition	1	—	—	—	—	—	—	—	—
Suffocation	—	2	—	—	2	—	—	—	2

Table III.42 NUMBERS AND PERCENTAGES OF TOTAL UNCORRECTED AND CORRECTED DEATHS OCCURRING IN INSTITUTIONS BY RACE : 1977

RACE	UNCORRECTED		CORRECTED	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
White	1 760	67	1 297	60
Coloured	2 175	58	1 477	48
Asiatic	27	54	23	52
Blacks	894	65	626	57
TOTAL	4 856	62	3 423	54

Table III.43 *DEATHS OF INFANTS UNDER ONE YEAR AND INFANT MORTALITY RATES BY RACE AND SEX : 1976 TO 1977*

RACE	INFANT DEATHS						RATE PER 1 000 LIVE BIRTHS					
	1976			1977			1976			1977		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
White	20	13	33	9	15	24	12,6	8,1	10,4	6,09	10,7	8,3
Coloured	199	182	381	167	142	309	32,5	30,6	31,6	27,5	24,3	25,9
Asiatic	1		1	1	1	2	6,8		3,8	9,4	9,0	9,2
Blacks Langa						122						75,7
Blacks Guguletu						125						58,9
Blacks Rest of City						13						71,8
Blacks Total	157	168	325	145	115	260	76,0	82,0	79,0	77,0	56,6	66,4
TOTAL	377	363	740	322	273	595	38,0	37,4	37,7	33,7	29,1	31,4

Table III.44 *INFANT DEATHS AND INFANT MORTALITY RATES BY RACE : 1973 TO 1977*

RACE	1973		1974		1975		1976		1977	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White	48	12,7	43	12,0	40	12,2	33	10,4	24	8,3
Coloured	562	39,9	526	38,9	397	32,2	381	31,6	309	25,9
Asiatic	7	28,0	7	29,1	2	8,3	1	3,8	2	9,2
Blacks	268	68,2	292	68,7	238	59,0	325	79,0	260	66,4
ALL RACES	885	40,2	868	40,2	677	34,0	740	37,7	595	31,4

Table III.45

DEATHS OF INFANTS UNDER ONE YEAR OF AGE BY SELECTED CAUSES AND AGES : 1977

International Code No.	DISEASE	RACE	DAYS 1	1	2	3	4	5	6	Total under 1 week	WEEKS 1	2	3	Total under 4 weeks	MONTHS 1	2	3	4	5	6	7	8	9	10	11	TOTAL under one year M	F	Persons	Bantu Townships Included in foregoing columns: LANGA M	F	Persons	GUGULETU M	F	Persons
004,8,9 561	Diarrhoea and enteritis	W																																
		C, A & B			1			1	2	4		2	1	7	13	18	12	21	14	7	6	5	6	10	3	68	54	122	26	21	47	17	18	35
010—012 014—019	Tuberculosis, Pulmonary and other forms	W																																
		C, A & B													1						2		1		1	1	4	5					1	1
013	Tuberculosis, meningeal	W																																
		C, A & B																		1						1		1						
032	Diphtheria	W																																
		C, A & B																																
033	Whooping cough	W																																
		C, A & B													1												1	1						
038	Septicaemia	W																1								1		1						
		C, A & B				1	1	1	1	4		2	1	7	1				1	1	1		1			7	5	12				2	1	3
055/6	Measles and Rubella	W																																
		C, A & B																1	1	1	3	1	4	2	2	7	8	15	2	1	3	3	5	8
090	Syphillis, congenital	W																																
		C, A & B															1										1	1						
259—266	Avitaminosis	W																																
		C, A & B														1					1	1	1	1	1	4	2	6				3	2	5
267—273	Nutritional Maladjustment	W																																
		C, A & B													1	2			1	3						3	4	7	1		1	1	3	4
320	Simple meningitis	W																																
		C, A & B													2	1		1					1			3	2	5	1		1		1	1
466, 490—1	Bronchitis	W																1									1	1						
		C, A & B														1	1									2		2				2		2
480—6	Pneumonia (all forms)	W																1		1	1				1	2	2	4						
		C, A & B	1	2	3		1	1		8	1	1	2	12	15	15	16	8	9	6	9	8	4	4	5	62	49	111	18	14	32	11	7	18
500—519	Postnatal Asphyxia and Atelectasis	W																																
		C, A & B																					1			1		1	1		1			
740—759	Congenital Anomalies	W		1	1	1				3	3	1		7												2	5	7						
		C, A & B	2	4	1	2				9	1		1	11	5	3		1	1	1	2		2	1		11	16	27	3	1	4	1	3	4
772	Injury at birth	W																																
		C, A & B	2							2				2													2	2						
774/5	Haemolytic Diseases of new born	W																																
		C, A & B																																
776,8	Other Diseases peculiar to early infancy	W	2		1		1			4				4												1	3	4						
		C, A & B	12	6	7	2	1			28	1	1		30	1											19	12	31	4		4	1	1	2
777	Prematurity	W	2					1		3				3												2	1	3						
		C, A & B	60	18	18	8	4	2	2	112	8	8	1	129	4	1	2									72	64	136	11	7	18	13	14	27
E913	Accidental mechanical suffocation	W																																
		C, A & B													1											1		1						
	Other and ill-defined or unknown causes	W		1						1				1			2							1		1	3	4						
		C, A & B	4	4	4	3	1	2	2	20	2	2	1	25	8	6	8	11	3	4	3	6	2	5	4	51	34	85	7	4	11	7	8	15
	TOTALS	W	4	2	2	1	1	1		11	3	1		15			2	3		1	1			1	1	9	15	24						
		C, A & B	81	34	34	16	8	7	7	187	13	16	7	223	53	48	40	43	30	24	27	21	23	23	16	313	258	571	74	48	122	61	64	125

W = White; C = Coloured; A = Asiatic; B = Blacks

Table III.46 *NEO-NATAL, POST NEO-NATAL AND INFANT MORTALITY RATES FOR SELECTED CAUSES OF DEATH : 1977*

CAUSE OF DEATH	Neo-natal mortality rate				Post neo-natal mortality rate				Infant mortality rate			
	W	C	A	B	W	C	A	B	W	C	A	B
Whooping cough						0,1				0,1		
Tuberculosis (all forms)						0,3		0,5		0,3		0,5
Scarlet fever												
Measles						0,4		2,6		0,4		2,6
Diphtheria												
Syphilis						0,1				0,1		
Bronchitis and pneumonia		0,3		2,0	1,7	4,8		11,2	1,7	5,1		13,3
Gastro enteritis		0,3		1,0		4,4		16,1		4,6		17,1
Prematurity	1,0	7,2		11,0		0,3		0,8	1,0	7,5		11,7
Injury at birth		0,2								0,2		
Congenital malformations	2,4	0,8		0,5		0,8	4,6	1,5	2,4	1,5	4,6	2,0
Other diseases of early infancy	1,4	1,9		1,8		0,2		1,8	1,4	2,1		3,6
Other and ill-defined or unknown causes	0,3	1,3	4,6	2,3	1,0	1,8		11,5	1,4	3,1	4,6	13,8
Septicaemia		0,3		0,8	0,3	0,3		0,5	0,3	0,6		1,3
Simple Meningitis						0,3		0,5		0,3		0,5
TOTAL	5,2	12,2	4,6	19,4	3,1	13,7	4,6	47,0	8,3	25,9	9,2	66,4

Table III.47 *INFANT MORTALITY RATES FOR SELECTED CAUSES OF DEATH : 1968 – 1977*

Cause of death	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977
WHITE										
Whooping cough										
Tuberculosis										
Measles										
Diphtheria										
Syphilis		0,3								
Bronchitis and pneumonia	1,3	1,5	1,2	1,9	0,7		0,8	2,1	1,3	1,7
Gastro enteritis	0,5	0,8	1,2	0,7		0,3			0,3	
Prematurity	2,4	4,6	1,9	3,0	2,4	3,4	3,9	3,6	3,1	1,0
Injury at birth	1,3	1,0	1,2	0,5	0,5	0,5	0,3			
Congenital malformations	3,7	3,3	3,4	2,3	2,4	2,6	3,3	3,6	2,2	2,4
Other diseases of early infancy	4,4	4,8	3,8	3,3	4,6		1,4	1,2	0,6	1,4
Other causes	1,3	1,3	3,1	1,2	2,2	5,8	2,2	1,5	2,5	1,4
ALL CAUSES	15	18	16	13	13	13	12	12	10	8
COLOURED, ASIATIC AND BLACKS										
Whooping cough	0,2		0,1	0,1	0,1	0,1	0,2			0,1
Tuberculosis	0,3	0,5	0,2	0,3	0,3	0,3	0,3	0,1	0,4	0,4
Measles	0,9	1,3	1,2	1,2	0,2	1,3	1,6	0,7	1,0	0,9
Diphtheria		0,1				0,2	0,6			
Syphilis	0,5	0,4	0,3	0,2		0,4	0,1	0,2	0,1	0,1
Bronchitis and pneumonia	9,3	9,3	8,5	7,3	7,9	9,1	8,7	7,5	8,9	7,0
Gastro enteritis	14,1	16,2	19,9	13,9	10,0	11,7	11,3	9,8	11,5	7,6
Prematurity	8,7	6,8	6,4	9,2	6,1	8,2	8,0	8,1	8,2	8,5
Injury at birth	2,8	3,0	2,9	1,2	0,9	1,0	0,8	0,3	0,1	0,1
Congenital malformations	3,6	3,5	3,6	2,0	2,1	2,1	2,6	1,6	1,7	1,7
Other diseases of early infancy	10,0	11,7	9,9	6,9	6,3	0,3	3,3	3,4	2,9	2,4
Other causes	7,3	4,2	5,8	3,3	3,7	11,1	8,9	6,7	8,0	5,7
ALL CAUSES	58	58	59	46	38	46	46	38	43	36

Table III.48 *INFANT MORTALITY RATES BY SELECTED CAUSES IN QUINQUENNIA 1957 TO 1977 AND ANNUALLY 1968 TO 1977*

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B
Quinquennium																
1957 — 1961		1,4		1,3		0,2	2,4	13,2	1,0	31,6	13,5	23,4	5,0	14,9	21,8	85,9
1962 — 1966	0,2	2,2		0,4		0,2	1,6	11,8	1,3	21,9	13,0	27,1	3,9	14,4	20,0	78,0
1967 — 1971	0,1	1,5		0,5	0,1	0,3	1,4	9,4	0,8	16,8	10,2	22,4	2,7	8,9	15,3	59,8
1971 — 1975		1,2		0,3		0,2	1,1	8,1	0,2	11,3	8,9	15,0	2,2	6,7	12,5	42,7
1972 — 1976	0,1	1,2		0,3		0,2	1,0	8,4	0,1	10,9	8,4	13,9	2,4	7,4	12,1	42,2
1973 — 1977	0,1	1,2		0,3		0,2	1,3	9,8	0,1	12,4	9,4	16,4	2,8	8,8	13,7	49,3
Year																
1968		1,4		0,3		0,5	1,3	9,3	0,5	14,1	10,4	22,2	2,6	9,7	14,9	57,6
1969		1,3		0,6	0,3	0,3	1,5	9,3	0,8	16,2	12,7	21,9	2,8	8,3	18,0	58,0
1970		1,3		0,2		0,3	1,2	8,5	1,2	19,9	9,1	20,0	4,3	8,7	15,8	58,8
1971		1,2		0,3		0,2	1,9	7,3	0,7	13,9	8,6	18,2	1,6	4,6	12,8	45,6
1972		0,8		0,3			0,7	7,9		10,0	9,5	14,5	2,4	4,7	13,0	38,1
1973		1,6		0,3		0,4		9,1	0,3	11,7	9,3	15,4	3,2	7,3	12,7	45,8
1974		1,8		0,3		0,1	0,8	8,7		11,3	8,6	13,9	2,5	9,7	12,0	45,8
1975		0,7		0,1		0,2	2,1	7,5		9,8	8,5	12,9	1,5	7,2	12,2	38,3
1976	0,3	1,0		0,4		0,1	1,3	8,9	0,3	11,5	6,0	12,8	2,5	8,1	10,4	43,0
1977		1,0		0,4		0,1	1,7	7,0		7,6	4,9	12,6	1,7	6,9	8,3	35,6

C = Coloured; A = Asiatic; B = Blacks

Table III.48 Continued *INFANTS FROM 1 TO 2 YEARS OF AGE**

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B	White	C, A & B
Quinquennium																
1957 — 1961	0,1	1,3		1,8		0,0	0,5	4,3	0,2	9,4	0,2	0,6	1,3	5,0	2,3	22,5
1962 — 1966	0,3	2,1		0,6			0,5	2,9	0,1	4,9	0,4	0,3	0,8	7,1	2,1	18,0
1967 — 1971	0,1	1,3		0,4			0,1	2,7		3,3	0,3	0,4	0,4	4,3	1,1	12,2
1971 — 1975		1,2		0,3			0,3	1,5		2,2	0,2	0,1	0,6	2,5	1,1	7,8
1972 — 1976		1,1		0,2			0,4	1,7		1,9	0,1	0,2	0,8	2,4	1,2	7,5
1973 — 1977		1,2		0,2			0,4	1,8		2,0		0,3	0,8	2,2	1,2	7,6
Year																
1968 ¢		1,4		0,4			0,3	2,3		3,2		0,4	0,3	4,7	0,5	12,4
1969		1,4		0,2				2,9		3,0	0,5	0,3	0,8	4,3	1,3	12,1
1970		0,9		0,3			0,3	2,8		3,4	0,5	0,4	1,3	3,7	2,1	11,4
1971		1,4		0,4			0,2	1,7		3,1	0,5	0,3		2,2	0,7	9,0
1972		0,8		0,3			0,5	0,9		1,1	0,5	0,1	0,5	2,3	1,2	5,6
1973		1,2		0,2			0,7	2,0		3,1		0,1	0,5	2,6	1,2	9,2
1974		2,0		0,3				2,2		2,4		0,2	0,5	3,3	0,5	10,3
1975		0,6		0,2			0,3	0,9		1,1			1,5	1,9	1,8	4,8
1976		0,9		0,1			0,6	2,6		1,9		0,4	0,9	1,9	1,5	7,8
1977		1,3		0,1			0,3	1,1		1,5		0,6	0,6	1,3	1,0	5,8

C = Coloured; A = Asiatic; B = Blacks

¢ Rates based on notified births from 1968

* The rate for the year is calculated on the births (less the deaths under one year) in the pervious year.

Table III.49 *CORRECTED DEATHS OF INFANTS UNDER THE AGE OF ONE YEAR BY MONTH OF REGISTRATION : 1972 TO 1977*

	1972	1973	1974	1975	1976	Mean Previous 5 years	1977
January	61	75	54	68	48	61	63
February	—	53	60	72	75	65	31
March	—	84	81	58	68	73	43
April	—	56	71	69	72	67	43
May	—	90	106	53	63	78	83
June	—	86	76	52	90	76	67
July	64	83	77	53	69	69	44
August	71	81	81	61	62	71	49
September	52	81	84	46	53	63	49
October	50	62	53	38	37	48	28
November	84	69	60	61	45	64	41
December	50	65	66	46	58	57	54
TOTAL	432	885	869	677	740	792	595
Mean	61,7	73,8	72,4	56,4	61,7	66,0	49,6
Per 1 000 live Notified births	33,5	40,2	40,2	34,0	37,7	37,1	31,4

Table III.50 DEATHS OF INFANTS UNDER ONE YEAR OF AGE BY SELECTED CAUSES AND MONTH OF REGISTRATION: 1977

International Code No.	DISEASE	RACE	January	February	March	First Quarter	April	May	June	Second Quarter	July	August	September	Third Quarter	October	November	December	Forth Quarter	YEAR	Percentage Total death
004,8,9 561	Diarrhoea and enteritis	White																		
		C, A & B	25	9	14	48	8	21	13	42	8	4		12	3	7	10	20	122	21,4
010—012 014—019	Tuberculosis, Pulmonary and other forms	White																		
		C, A & B			1	1		1		1		1	1	2	1			1	5	0,9
013	Tuberculosis, meningeal	White																		
		C, A & B	1			1													1	0,2
032	Diphtheria	White																		
		C, A & B																		
033	Whooping cough	White																		
		C, A & B		1		1													1	0,2
038	Septicaemia	White					1			1									1	4,2
		C, A & B		3	2	5	1	1		2	1		3	4		1		1	12	2,1
055	Measles	White																		
		C, A & B			1	1			2	2	3		2	5	1	4	2	7	15	2,6
090	Syphilis, congenital	White																		
		C, A & B	1		1														1	0,2
259—266	Avitaminoses	White																		
		C, A & B	1	1		2	1	2		3					1			1	6	1,1
267—273	Nutritional Maladjustment	White																		
		C, A & B	1			1		3	2	5	1			1					7	1,2
320	Simple meningitis	White																		
		C, A & B		1	1	2	1		1	2			1	1					5	0,9
466	Bronchitis	White										1		1					1	4,2
		C, A & B							1	1	1			1					2	0,4
490—1 480—6	Pneumonia (all forms)	White						1		1	2	1		3					4	16,7
		C, A & B	12	3	4	19	11	19	9	39	12	8	9	29	8	5	11	24	111	19,4
500—519	Postnatal Asphyxia and Atelectasis	White																		
		C, A & B											1	1					1	0,2
740—759	Congenital Anomalies	White					2			2	1			1		2	2	4	7	29,2
		C, A & B		1		1	4	4	2	10	5	2	3	10	1	1	4	6	27	4,7
772	Injury at birth	White																		
		C, A & B	2			2													2	0,4
774/5	Haemolytic Diseases of new born	White																		
		C, A & B																		
776,8	Other Diseases Peculiar to early Infancy	White					1	2	1	4									4	16,7
		C, A & B	2	4	2	8	2	2	7	11		4	3	7	2	1	2	5	31	5,4
777	Prematurity	White			1	1						1		1	1			1	3	12,5
		C, A & B	13	3	12	28	4	19	16	39	2	16	18	36	6	11	16	33	136	23,8
E913	Accidental mechanical suffocation	White																		
		C, A & B	1			1													1	0,2
	Other and ill-defined or unknown causes	White			1	1	1			1			1	1			1	1	4	16,7
		C, A & B	4	5	4	13	6	8	13	27	8	11	7	26	4	9	6	19	85	14,9
	TOTALS	White			2	2	5	3	1	9	3	3	1	7	1	2	3	6	24	100
		C, A & B	63	31	41	135	38	80	66	184	41	46	48	135	27	39	51	117	571	100

Table III.51

INFANT DEATHS UNDER THE AGE OF ONE YEAR BY RACE, SEX, PLACE OF DEATH, LEGITIMACY AND WHETHER NEO-NATAL OR POST NEONATAL : 1977

	Place of Death	ALL INFANTS						LEGITIMATE						ILLEGITIMATE						UNKNOWN					
		Neo-natal			Post neo-natal			Neo-natal			Post neo-natal			Neo-natal			Post neo-natal			Neo-natal			Post neo-natal		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
White	Hospital	5	10	15	3	2	5	4	8	12	3	1	4		1	1		1	1	1	1	2			
	Domiciliary				1	3	4					2	2					1	1				1		1
Coloured	Hospital	71	60	131	35	38	73	38	25	63	11	15	26	26	21	47	20	19	39	7	14	21	4	4	8
	Domiciliary	6	9	15	55	35	90	1	1	2	26	12	38	3	7	10	18	16	34	2	1	3	11	7	18
Blacks	Hospital	36	32	68	44	34	78	5	6	11	11	8	19	9	12	21	9	13	22	22	14	36	24	13	37
	Domiciliary	6	2	8	59	47	106	1		1	19	15	34	2	1	3	17	17	34	3	1	4	23	15	38
Asiatic	Hospital	1		1				1		1															
	Domiciliary					1	1					1	1												
Total	Hospital	113	102	215	82	74	156	48	39	87	25	24	49	35	34	69	29	33	62	30	29	59	28	17	45
	Domiciliary	12	11	23	115	86	201	2	1	3	45	30	75	5	8	13	35	34	69	5	2	7	35	22	57
	TOTAL	125	113	238	197	160	357	50	40	90	70	54	124	40	42	82	64	67	131	35	31	66	63	39	102

Table III.51

Table III.52 *INFANT MORTALITY RATES BY RACE AND LEGITIMACY (EXCLUDING 168 DEATHS WHERE LEGITIMACY NOT KNOWN) : 1976 TO 1977*

RACE	RATE PER 1 000 LIVE BIRTHS, BASED ON NOTIFICATIONS			
	LEGITIMATE		ILLEGITIMATE	
	1976	1977	1976	1977
White	8,8	6,9		10,7
Coloured	18,8	17,8	36,0	27,8
Asiatic	3,9	9,4		
Blacks	22,7	42,6	42,2	33,5
TOTAL	16,6	18,5	36,4	29,0

Table III.53 *DEATHS AND DEATH RATES BY RACE DURING THE PERI-NATAL, NEO-NATAL AND POST-NATAL PERIODS OF LIFE : 1976 – 1977*

	PERI NATAL PERIOD			
	Still births & deaths under 1 week		Rate per 1 000 deliveries based on births and still births	
	1976	1977	1976	1977
White	41	27	13	9
Coloured	338	303	28	25
Asiatic	3	3	11	14
Blacks - Langa		65		39,3
Blacks - Guguletu		86		39,6
Blacks - Rest of City		11		58,8
Blacks - TOTAL	161	162	38	40
ALL RACES	543	495	27	26
	NEO NATAL PERIOD			
	Deaths		Rate per 1 000 live births	
White	20	15	6	5
Coloured	172	146	14	12
Asiatic	1	1	4	5
Blacks - Langa		30		19
Blacks - Guguletu		41		19
Blacks - Rest of City		5		28
Blacks - TOTAL	94	76	23	19
ALL RACES	287	238	15	13
	POST NEO NATAL PERIOD			
	Deaths		Rate per 1 000 live births	
White	13	9	4	3
Coloured	209	163	17	14
Asiatic		1		5
Blacks - Langa		92		57
Blacks - Guguletu		84		40
Blacks - Rest of City		8		44
Blacks - TOTAL	231	184	56	47
ALL RACES	453	357	23	19

Table III.54 *PERI-NATAL, NEO-NATAL AND POST NEO-NATAL MORTALITY RATES : 1973 – 1977*

YEAR	WHITE			COLOURED, ASIATIC AND BLACKS		
	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal
1973	16	10	3	34	19	27
1974	15	8	4	35	18	28
1975	13	8	4	30	16	22
1976	13	6	4	30	16	27
1977	9	5	3	29	14	22
Average 1973—1977	13	7	4	32	17	25

Table III.55 *CAUSE SPECIFIC INFANT MORTALITY (Number of deaths and rate per 1 000 Live Births for Blacks : 1977)*

CAUSES	TOTAL BLACK		LANGA		GUGULETU		REST OF CITY	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Diarrhoea and Gastro-enteritis	87	22,2	47	29,2	35	16,5	5	27,6
Pneumonia (all forms)	50	12,8	32	19,9	18	8,5	0	0
Premature birth	46	11,7	18	11,2	27	12,7	1	5,5
Measles	11	2,8	3	1,9	8	3,8	0	0
Congenital Malformation	8	2	4	2,5	4	1,9	0	0
Other Newborn diseases	8	2	4	2,5	2	0,9	2	11
Avitaminosis	5	1,3	0	0	5	2,4	0	0
Nutritional maladjustment and other ill-defined diseases	5	1,3	1	0,6	4	1,9	0	0
Septicaemia	5	1,3	0	0	3	1,4	2	11
Tuberculosis (all forms)	2	0,5	0	0	1	0,5	1	5,5
Meningitis	2	0,5	1	0,6	1	0,5	0	0
Bronchitis	2	0,5	0	0	2	0,9	0	0
Other Causes	29	7,4	12	7,4	15	7,1	2	11
TOTAL	260	66,4	122	75,7	125	58,9	13	71,8

Table III.56 *MATERNAL MORTALITY : DEATHS FROM CAUSES ASCRIBED TO PREGNANCY AND CHILDBIRTH (INCLUDING ABORTION) AND THE CORRESPONDING DEATH RATE PER 1 000 LIVE AND STILL BIRTHS : 1977*

Int. Code No.	CAUSE OF DEATH	DEATHS					Maternal mortality rates
		White	Coloured	Asiatic	Blacks	Total	Total
630—634	Complications of pregnancy				1	1	0,05
635—639	Infections & Toxaemias of Pregnancy and the Puerperium		1			1	0,05
640—645	Abortion		1		2	3	0,16
650—662	Delivery						
670—678	Complications of the Puerperium						
			2		3	5	0,26

Table III.57 *MATERNAL MORTALITY RATES (DEATHS PER 1000 LIVE AND STILL BIRTHS): 1973 – 1977*

	Puerperal septicaemia			Other causes			All causes		
	White	C, A & B	Total	White	C, A & B	Total	White	C, A & B	Total
1973	—	0,11	0,09	—	0,05	0,04	—	0,16	0,13
1974	—	0,05	0,05	—	0,22	0,18	—	0,27	0,23
1975	—	—	—	—	0,30	0,25	—	0,30	0,25
1976	—	—	—	—	0,54	0,45	—	0,54	0,45
1977	—	0,06	0,05	—	0,24	0,21	—	0,31	0,26

Table III.58 *VITAL STATISTICS COMPARED WITH OTHER CENTRES*

(Latest Available Figures)

CENTRE	YEAR	Birth Rate					Death Rate					Infant Mortality Rate					All forms of Tuberculosis Death Rate				
		W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Cape Town	1977	11,2	24,1	19,1	38,0	21,8	8,4	6,2	3,9	10,7	7,4	8	26	9	66	31	0,03	0,16	0,18	0,74	0,19
King William's Town	1977	14,8	27,3	12,1	18,3	18,9	8,3	6,9	24,1	5,5	7,1		84		121	69		0,23		0,47	0,22
Port Elizabeth	1976	18,3	30,8	24,9	35,7	29,0	7,5	12,9	6,6	15,7	12,4	11	110	14	150	111					0,60
Springs	1976	16,3	21,4	17,4	29,8		5,2	7,3	1,5	8,7		14	77	87	76						
Benoni		19,3		33,0	26,7		5,5		12,3	10,9		16		52	119					0,36	
Durban	1975	13,6	32,1	28,6	39,8	28,1	9,2	6,0	6,5	9,0	7,8	18	17	33	68	44					
Bloemfontein	1976	20,2	23,2		18,4		7,4	14,8		12,9		14	98		137						
Vereeniging	1976	16,2	13,7	6,2	11,5	13,6	5,0	9,5	1,6	6,5	5,8	12	77		171	79		0,53		0,32	0,16
Pretoria	1975	19,9	28,2	22,9	17,4		6,2	7,9	3,8	7,5		17			97		0,03	0,93	0,12	0,65	0,63
Johannesburg	1973	20,6	31,4	32,3	36,6		9,3	11,1	6,3	11,1		18	61	33	54						
East London	1971	25,8	40,2		85,9		12,4	12,9		16,5		17	63		76		0,15	1,30	0,49	1,84	
South Africa	1975	18,9	28,5	27,9	39,6		8,3	11,7	6,6	11		20	104	34	80						
England and Wales	1977					5,4					5,8					14					0,01
County of London	1977					5,6					5,7					17					

Table IV.1 *FAMILY PLANNING CLINIC ATTENDANCES : 1971 – 1977*

Year	Individuals attending the clinics	Persons attending for the first time	Total Attendances all clinics during the year	Race
1971	20 000(est.)	10 806	83 349	All
1972	26 841	12 069	89 809	All
1973	32 240	14 703	87 445	All
1974	42 094	18 701	97 189	All
1975	38 130	9 660	119 136	All
1976	2 572	316	6 812	White
	32 993	5 567	108 242	Coloured Asiatic
	5 190	1 922	12 663	Black
	40 755	7 805	127 717	All
1977	2 800	229	7 927	White
	38 086	3 431	123 399	Coloured
	280	27	332	Asiatic
	4 373	767	11 691	Black
	45 539	4 454	143 349	All

Table IV.2

THE NUMBER OF INDIVIDUALS ATTENDING AT VARIOUS DIFFERENT FAMILY PLANNING CLINICS : 1973 – 1977

Table IV.2

CLINIC	1973	1974	1975	1976	1977				
					W	C	A	B	Total
Shortmarket Street	744	877	829	753		702	56	86	844
Aspeling Street	1 529	1 827	1 332	1 192		1 113	10	31	1 154
Salt River	2 091	2 307	2 137	2 053	421	1 128	1	86	1 636
Maitland	595	670	477	500	384	262	7	7	660
Kensington	1 729	1 888	1 409	1 341		1 104	13	4	1 121
Langa	711	745	570						
Bokmakierie	2 024	2 646							
Silvertown	1 995	2 351	4 301	3 581		4 073	193	34	4 300
Bonteheuwel	2 400	2 782	2 123	2 099		2 447			2 447
Heideveld	1 488	2 425	1 925	2 325		2 266		25	2 291
Manenberg	2 123	2 699	2 355	2 120		2 466		3	2 469
Hanover Park	1 568	2 156	1 807	1 948		2 482		16	2 498
Netreg				493		553			553
Guguletu 1	3 046	3 889	3 321	2 881				2 640	2 640
Claremont (Station Road)	932	1 088	1 034	1 394	1 247				1 247
Lansdowne	1 585	2 052	1 656	1 742		1 482		78	1 560
Wynberg	2 467	3 163	3 096	3 233	86	1 618		1 163	2 867
Parkwood	735	954	807	782		988			988
Retreat	2 937	3 412	2 762	2 246		3 466		95	3 561
Lavender Hill			1 224	1 160		1 360		12	1 372
Muizenberg				48	82				82
Southfield				37	168				168
Factories (Misc.)	1 541	4 163	4 965	8 827	409	10 437		93	10 939
City Hospital					3	14			17
Mitchells Plain						125			125
TOTALS	32 240	42 094	38 130	40 755	2 800	38 086	280	4 373	45 539

Table IV.3 *MODE OF CONTRACEPTION USED BY INDIVIDUALS ATTENDING CITY HEALTH DEPARTMENT FAMILY PLANNING CLINICS : 1977*

RACE	PILL		INTRA-MUSCULAR		I.U.D.		OTHER		STERILIZATION		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
WHITE	2 278	81,4	360	12,9	58	2	95	3,4	9	0,3	2 800	100
ASIATIC	142	50,7	114	40,8	13	4,6	9	3,2	2	0,7	280	100
COLOURED	21 862	57,4	13 541	35,6	854	2,2	1 391	3,7	438	1,2	38 086	100
BLACK — Guguletu	1 030	39	1 565	59,3	11	0,4	13	0,5	21	0,8	2 640	100
— Other centres	880	50,8	766	44,2	51	3	36	2	0	0	1 733	100
— Total Black	1 910	43,7	2 331	53,3	62	1,4	49	1,1	21	0,5	4 373	100
ALL RACES TOTAL	26 192	57,5	16 346	36,0	987	2,2	1 544	3,4	470	1	45 539	100

Table IV.4 *ANALYSIS OF MODE OF CONTRACEPTION INITIALLY ADOPTED BY MEMBERS OF DIFFERENT RACE GROUPS : 1972 – 1977 (Figures reflect the percentage of New Acceptors in that group for each year)*

Race and Year		Oral Contraception	Intra-muscular Contraception	Intra-uterine Contraceptive Devices	Other
WHITES	1972	76	13	7	4
	1973	76	15	7	2
	1974	77	17	5	2
	1975	81	16	1	1
	1976	74	14	10	2
	1977	87	8	1	2
COLOURED AND ASIATIC	1972	66	28	3	3
	1973	59	34	4	3
	1974	52	43	2	3
	1975	46	51	1	2
	1976	52	43	3	2
	1977	61	33	3	4
BLACK	1972	45	50	4	1
	1973	44	52	4	0
	1974	37	61	2	0
	1975	33	65	2	0
	1976	43	55	1	1
	1977	37	61	1	1

Table IV.5 *THE PERCENTAGE OF WHITE AND COLOURED FEMALES IN THE CHILD BEARING AGE GROUP OF 15 – 49 YEARS REPRESENTED BY THE INDIVIDUAL ATTENDANCES RECORDED AT FAMILY PLANNING CLINICS : 1977*

	WHITE	COLOURED
Est. Total female population of Cape Town 1977	134850	262510
Est. Percentage of all females aged 15 — 49 years*	48,53%	48,68%
Number of females aged 15 — 49 years	65442	127790
Individuals attending clinics in 1977	2800	38086
Percentage of 15 — 49 year olds on Family Planning at City Health Dept. Clinics	4,3%	30%

* Calculated from Figure 3.2

Table IV.6 *TOTAL ATTENDANCES AT ANTE-NATAL CLINICS : 1968 – 1977*

CENTRE	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977
Shortmarket St	479	347								
Aspeling Street	1 429	1 334	1 762	1 732	1 617	1 490	1 504	1 201	1 157	853
Woodstock	407	475	479							
Salt River				408	452	488	583	419	308	289
Maitland	363	345	141	140	334	283	202	149	26	
Kensington	2 161	2 088	1 737	1 537	1 608	1 014	711	779	660	824
Langa	1 758	1 570	1 875	1 859	1 949	2 178	2 782	2 758	2 073	1 631
Athlone	3 328	3 339	3 196	2 898	2 540	2 207	2 430	1 350		
Bokmakierie	2 262	2 299	1 288	1 543	1 537	1 747	1 621	624		
Silvertown	1 922	2 303	2 156	2 659	3 253	3 169	2 333	1 665	2 630	2 065
Bonteheuwel	5 525	4 776	4 933	5 258	4 891	4 143	3 956	2 513	2 209	1 829
Heideveld	4 142	2 671	1 492	1 974	1 925	1 448	1 589	1 237	1 022	890
Manenberg	700	2 913	2 601	2 399	1 801	1 671	1 460	1 588	2 096	1 264
Hanover Park			169	2 085	3 709	5 461	2 621	1 929	1 391	1 134
Guguletu I	6 596	5 207	4 939	4 949	6 266	6 673	6 362	5 876	3 606	2 131
Guguletu III	1 343	2 388	2 465	3 062	3 179	2 935	2 895	2 906	1 526	
Claremont	1 690	1 853	1 724	1 685	1 601	1 094				
Lansdowne	1 891	2 195	2 267	2 198	2 305	2 270	1 763	1 505	1 098	987
Wynberg	1 623	1 448	1 092	1 247	1 699	1 114	1 843	1 168	1 314	1 046
Parkwood			778	1 795	1 759	1 846	1 638	834	497	245
Elfindale						3				
Lavender Hill							2 388	2 057	1 628	1 337
Retreat	4 423	5 794	6 349	5 362	5 483	6 029	5 386	3 263	2 747	2 534
Kalk Bay	102	100	94	66	75	66	80	6		
Mitchells Plain										12
Newfields										4
TOTALS	42 144	43 445	41 537	44 856	47 983	47 329	44 147	33 827	25 988	19 075

Table IV.7 *NUMBER OF SESSIONS, FIRST AND TOTAL ATTENDANCES AT INFANT WELFARE, ANTE-NATAL AND SCHOOL EYE CLINICS : 1977*

CENTRE	Race	Infant Consultations				Per Natal Clinics			School Clinics		
		Sessions	1st Attendances		Total Attendances	Sessions	Attendances		Sessions	Attendances	
			Under 1 Year	Over 1 Year			1st	Total		1st	Total
Aspeling St.	C		420		5537		427	792			
	A		3		25						
	B		8		45		32	61			
	T	98	431		5607	34	459	853			
Bergvliet	W	50	130		1685						
Bloemhof	C		130		2508						
	A				2						
	B		2		27						
	T	50	132		2537						
Bonteheuwel	C		932		33808		1148	1829			
	B		1		3						
	T	250	933		33811	204	1148	1829			
Brooklyn	W	50	190	2	2338						
Camps Bay	W	15	51		303						
Claremont	W	108	668	7	6843						
Devils Peak	W	22	52		508						
Elfindale	C		111	1	2327						
	A				2						
	B		6		42						
	T	49	117	1	2371						
Factreton	C	45	185		8736						
Ferness Est	W	25	69		859						
Guguletu	B	211	2354	149	21425	73	1167	2131			
Hanover Park	C		910		27474		932	1130			
	A		3		10		2	3			
	B		1		24		1	1			
	T	252	914		27508	253	935	1134			
Heideveld	C		808		24894		735	889			
	B				43		1	1			
	T	250	808		24937	217	736	890			
Kalk Bay	W		1		5						
	C		10	1	284						
	B		10		74						
	T	24	21	1	363						
Kensington	C		715		20767		497	823			
	B		1		3		1	1			
	T	203	716		20770	151	498	824			
Kloof St.	W	52	237	1	2260						
Lady Buxton	W	29	73		613						
Langa	B	135	1469	305	9152	57	1583	1631			
Lansdowne	W		147	3	1474						
	C		611	12	14348		316	984			
	A		3	2	12		1	2			
	B				2		1	1			
	T	224	761	17	15836	125	318	987			
Lavender Hill	C		782	12	24440		648	1327			
	A						1	1			
	B		1	1	68		5	9			
	T	208	783	13	24508	151	654	1337			
Maitland	W		72	4	761						
	C		121	4	2091						
	A				4						
	B		2		21						
	T	70	195	8	2877						
Manenberg	C		1059	6	30485		1024	1264			
	A				4						
	B		3		60						
	T	280	1062	6	30549	273	1024	1264			
Mitchells Plain	C	16	28	3	393		10	12			
Muizenberg	W		118	3	1466						
	C		1		2						
	T	52	119	3	1468						
Netreg	C	155	309	8	13929						
Newfields	C	34	19		762	1	4	4			
Parkwood	C	99	386	13	9226	47	161	245			
Retreat	C		1087	42	27588		934	2433			
	A						2	2			
	B		40		247		33	99			
	T	224	1127	42	27835	165	969	2534			
Salt River	W		121	1	1562		14	36			
	C		258	8	4596		176	247			
	A		6	2	35						
	B		10		29		5	6			
	T	141	395	11	6222	100	195	289	125	967	3109
Sanddrift	W	18	30	2	229						
Sea Point	W	50	273	4	2756						
Shortmarket St.	C		231	2	3384						
	A		3		44						
	B		30	2	338						
	T	104	264	4	3766						
Silvertown	C		1267	1	19958		1337	2002			
	A		117		1364		39	58			
	B		2		75		5	5			
	T	335	1386	1	21397	259	1381	2065	112	927	3182
Southfield	W	51	261		3616						
Thornton	W	25	51		417						
Wynberg	W		149		1496						
	C		333	3	5264		262	853			
	A		4		18		4	7			
	B		49	6	348		103	186			
	T	120	535	9	7126	90	369	1046			
TOTALS	W		2693	27	29191		14	36			
	C		10713	116	282801		8611	14834			
	A		139	4	1520		49	73			
	B		3989	463	32026		2937	4132			
	T	4124	17534	610	345538	2200	11611	19075	237	1894	6291

Table IV.8 *TOTAL ATTENDANCES AT INFANT WELFARE CLINICS : 1968 – 1977*

CENTRE	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977
Camps Bay	784	939	657	597	676	660	459	324	322	303
Sea Point			454	1 278	1 250	1 486	1 547	1 927	2 436	2 756
Green Point	1 504	1 449	1 427	1 403	1 174					
Kloof Street	2 804	2 417	2 661	2 656	2 672	2 093	1 863	1 819	2 112	2 260
Shortmarket St	7 023	5 727	4 753	4 500	4 589	4 084	3 451	3 483	3 269	3 766
Aspeling Street	13 999	13 362	13 265	12 649	12 804	11 656	8 979	7 390	6 350	5 607
Bloemhof	8 973	8 105	7 606	6 346	4 924	3 303	2 631	2 237	2 076	2 537
Devil's Peak	1 866	1 674	1 229	1 524	1 455	962	463	409	525	508
Woodstock	11 093									
Salt River		12 639	9 858	8 949	10 137	9 819	8 559	7 118	6 729	6 222
Brooklyn	3 159	2 770	2 317	1 857	1 962	1 748	1 940	1 684	1 978	2 338
Maitland	3 446	3 786	3 190	2 784	3 257	3 135	2 959	2 423	2 160	2 877
Kensington	20 303	19 101	16 196	17 927	16 030	13 485	11 690	11 846	11 858	20 770
Factreton	8 676	9 224	8 413	8 145	6 974	6 238	5 308	5 902	5 645	8 736
Thornton				510	594	543	612	448	473	417
Langa	2 812	2 946	2 800	2 944	3 387	3 392	3 694	4 058	4 272	9 152
Athlone	17 305	15 388	14 603	15 150	16 194	14 846	15 054	13 329		
Bokmakierie	11 442	12 903	8 963	10 332	11 234	9 640	8 756	6 872		
Silvertown	18 142	17 504	16 087	15 519	16 893	15 973	13 454	15 676	32 817	21 397
Bonteheuwel	37 262	33 042	28 984	28 467	27 586	25 855	23 971	26 856	26 735	33 811
Netreg	7 102	19 477	15 083	16 776	12 606	14 578	16 843	14 260	13 102	13 929
Heideveld	24 845	25 164	22 628	20 954	19 477	19 117	23 689	23 377	17 860	24 937
Kalksteenfontein	5 441									
Sherwood Park	3 582									
Manenberg	6 660	34 357	45 480	56 694	47 544	48 853	40 557	29 343	28 873	30 549
Hanover Park			856	25 201	43 453	47 125	35 960	24 399	21 637	27 508
Newfields						186	809	549	1 303	762
Guguletu I	13 663	9 543	8 758	10 387	12 218	14 592	15 070	13 383	11 445	21 425
Guguletu II	3 813	7 173	7 463	7 941	8 006	6 696	6 100	6 353	3 950	
Claremont (Station Road)	8 417	8 469	7 685	5 827	5 358	4 383	3 886	3 636	5 326	6 843
Claremont (Wesley Street)	6 936	5 583	5 372	4 728	4 022	3 267	2 971	2 296	1 290	
Lansdowne	14 241	13 167	13 963	12 272	13 750	13 611	12 053	10 537	11 471	15 836
Bergvliet						350	588	703	1 038	1 685
Wynberg	7 275	6 814	6 076	6 600	6 401	6 364	5 603	4 307	4 624	7 126
Ottery (Ferness Est)				461	323	179	416	566	584	859
Southfield	3 133	450	676	867	1 043	1 182	2 215	2 510	2 909	3 616
Parkwood	1 695	4 242	9 039	12 719	12 081	12 252	12 252	11 247	9 135	9 226
Elfindale						1 249	2 067	2 049	1 903	2 371
Heathfield	7 211	6 348	5 566	4 570	4 129	2 002				
Retreat	40 035	39 695	29 068	23 412	25 066	35 436	31 617	22 845	25 250	27 835
Lavender Hill						3 088	17 838	20 264	20 231	24 508
Muizenberg (John Power	5 850	5 763	5 346	3 796	3 458	5 454				
Muizenberg						40	261	345	748	1 468
Kalk Bay	844	784	690	597	420	353	337	444	356	363
Lady Buxton										613
Mitchells Plain										393
Sanddrift										229
	331 336	350 005	327 212	357 339	363 147	369 275	346 522	307 214	292 792	345 538

Table IV.9 *AGE AT WHICH IMMUNISATIONS ARE ROUTINELY ADMINISTERED*

AGE	IMMUNISATION	AGE	IMMUNISATION
3 months	BCG Polio Diphtheria Whooping cough Tetanus	(8 months)	(Heaf)
		9 months	Measles
		12 months	Smallpox
$4^1/2$ months	Polio Diphtheria Whooping cough Tetanus	18 months	Diphtheria Whooping cough Tetanus
6 months	Polio Diphtheria Whooping cough Tetanus	5 years	Diphtheria Tetanus
		Adults	Polio

Table IV.10

IMMUNISATIONS AGAINST POLIOMYELITIS; DIPHTHERIA (D); WHOOPING COUGH (PERTUSSIS) (W OR P); AND TETANUS (T) : 1977

	a) POLIOMYELITIS																			
	Less than 1 year					1 — 4 years					Other ages					Total				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
First dose	2588	12216	152	3344	18300	91	963	1	843	1898	64	59		49	172	2743	13238	153	4236	20370
Second dose	2483	10456	140	2361	15440	87	1433	5	566	2091	27	21		13	61	2597	11910	145	2940	17592
Completed course (three doses)	2510	9318	123	1697	13648	82	1495	2	396	1975	30	28		13	71	2622	10841	125	2106	15694
Booster after 3 doses	50	75		47	172	19	60			79	56	14			70	125	149		47	321

b) DIPHTHERIA, WHOOPING COUGH AND TETANUS												
AGE GROUP												
	Less than 1 year			1 — 6 years				School Age				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	TOTAL
W	2644	2566	2588	95	85	101	1832	8	1	18	2704	12642
C	11938	10716	9627	977	1517	1635	9856	4	7	2	13720	59999
A	146	137	120	1	8	6	87				119	624
B	3272	2310	1622	863	567	463	960	1			2037	12095
T	18000	15729	13957	1936	2177	2205	12735	13	8	20	18580	85360

c) MATERIAL USED					
RACE	Diph.	D/WC/T.	D/TET.	Adorbed Dissolved Floccules	TET.
W		9138	3504		
C		39139	20860		
A		475	149		
B		8552	3543		
T		57304	28056		

Table IV.11 *IMMUNISATIONS AGAINST POLIOMYELITIS:DIPHTHERIA:WHOOPING COUGH AND TETANUS AT LANGA AND GUGULETU : 1977*

POLIOMYELITIS								
	Less than 1 year		1 — 4 years		Other ages		Total	
	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu
First dose	1 051	2 084	353	450	15	26	1 469	2 560
Second dose	X	X	X	X	X	X	842	1 960
Completed Course (3rd dose)	X	X	X	X	X	X	549	1 461
							2 860	5 981

X Not Available

DIPHTHERIA, WHOOPING COUGH AND TETANUS												
	Less than 1 year			1 — 6 years				School Age				TOTAL
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	
LANGA	1 074	623	420	354	200	136	80					2 887
GUGULETU	2 058	1 556	1 120	468	350	316	779	1				6 648
TOTAL	3 132	2 179	1 540	822	550	452	859	1				9 535

Table IV.12 *ATTENDANCES AT THE CAPE TOWN CITY COUNCIL CRECHES AND NURSERY SCHOOLS : 1977*

Nursery School	Creche attached	Sessions	New entrants	Ave. total on register	Ave. Attendances per session	Total Attendances
Bloemhof		211	28	42	39	8 300
Shelley Street		211	29	50	43	9 008
Liberman		203	11	36	15	2 966
Langa	Yes	236	43	80	53	12 599
Bokmakierie	Yes	211	39	80	88	18 485
Bonteheuwel	Yes	211	22	80	52	10 889
Heideveld	Yes	211	27	80	54	11 457
Manenberg	Yes	198	29	80	50	9 838
Guguletu NY 6	Yes	236	12	80	52	12 340
Retreat	Yes	211	31	80	52	11 014

Note: All those nursery schools registered for 80 children, cater for 60 children aged 2 – 6 years and 20 children from 3 months to 2 years.

Table IV.13 *OPHTHALMIC SCHOOL CLINICS HELD, ATTENDANCES THEREAT AND THE NUMBER OF SPECTACLES FITTED : 1977*

	White	Coloured	Total
Number of new cases		1 899	1 894
Total attendances		3 507	6 291
Number of sessions held		237	237
Children fitted with spectacles		2 387	2 387
Part Paying		2 030	2 030
Free		357	357

Table IV.14 *ATTENDANCES AT GERIATRIC CLINICS : 1977*

CLINIC AS FROM	HEIDEVELD	SILVERTOWN	RETREAT	LAVENDER HILL
Number of Sessions held			34	15
Number of New attendances	150	293	203	87
Number of Total attendances	196	349	209	91
Denture referrals	25	65	54	12
Spectacle referrals	29	141	27	7
Hearing aid referrals	1	15		2
Chiropody referrals	41	108	67	31
Social Worker referrals	8	35	4	7
Physiotherapy referrals	6	11		3
Day Hospital referrals	98	182	132	45

Table IV.15 *HEALTH EDUCATION LECTURES GIVEN DURING 1977 BY VENUE, SUBJECT, AUDIENCE, MEDIA UTILISED, NUMBER OF LECTURES AND ATTENDANCES*

VENUES	SUBJECTS	AUDIENCE BY RACE	TYPE OF AUDIENCE	MEDIA UTILISED	NO. OF LECTURES	ATTENDANCES
Child Welfare Clinics and Community Centres	Nutrition, family planning, cervical cytology, tuberculosis, food- borne disease, infant care and feeding, immunisation, general and personal hygiene, accident prevention, care of feeding bottles and teats, physiology of labour.	White Coloured Blacks	Mother Mother Mother	Films, film-strips, 35mm slides, flannelgraphs and flip-charts	28 1510 312	750 74500 12250
Tuberculosis Clinics	Tuberculosis, nutrition, family planning	Coloured Blacks	TB Out-patients	Films, flannelgraphs	21 28	4500 4000
Hospitals	Nutrition, family planning, tuberculosis mouth to mouth resuscitation	Coloured Blacks	Nursing staff patients in wards, out-patients	Films	38 26	5250 4100
Voluntary Organisations	Family planning, nutrition, venereal diseases, mouth to mouth resuscitation	Coloured Blacks	Adult male and females Adult male and females	Films, slides, flannelgraphs and flip-charts	21 5	3420 950
Food Premises	Food hygiene, personal hygiene, hygiene, elementary bacteriology	White Coloured Blacks	Employees Engaged in food preparation and handling	Films, filmstrips, flannelgraphs	2 25 6	45 3200 1200
Technical Colleges	Principles and techniques of health education	White	Public health Nurses	Films, flannelgraphs and slides	10	205
Nurses' Training College	Health education and public health	Coloured	Trainee nurses	Slides	3	300
Schools	Pollution, drugs, smoking and health, mouth to mouth resuscitation, dental hygiene and public health	White Coloured Blacks	Scholars at both primary and secondary level	Films, flannelgraphs, slides	8 6 1	1500 2000 150
Factories	Family planning, sex education, venereal diseases, tuberculosis, nutrition, mouth to mouth resuscitation	White Coloured Blacks)	Employees: Male and female	Films, and flannelgraphs)	12	2100

Table IV.16 *ANALYSIS OF HOME VISITING BY REASON FOR, OR NATURE OF, THE VISITS: 1976 – 1977*

	1976	1977	% CHANGE
Routine House to House	29 576	24 765	– 16%
Family Planning Defaulters	1 096	1 006	– 8%
Ante-Natal Cases	1 126	1 036	– 8%
Midwives	463	175	– 62%
New Births	17 427	16 770	– 4%
Immunisation Defaulters	3 541	3 780	+ 7%
Protected Infants	1 232	1 082	– 12%
Infectious Diseases			
Tuberculosis — New Cases	3 079	2 506	– 19%
Follow Up	26 561	11 923	– 55%
Gastro-Enteritis	301	368	+ 22%
Venereal Disease	977	1 178	+ 21%
Other	204	196	– 4%
Total	31 122	16 171	– 48%
Geriatrics	8 944	4 494	– 50%
Other ✱	80 691	86 530	+ 7%
TOTAL	175 218	155 809	– 11%

✱ Deaths, Still births, heaf teast readings, sub-visits from three months to school age, hearing tests, school children, psychiatric patients, hospital follow-up visits.

Table V.1 (a)

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) BY THE FORM OF DISEASE AND RESIDENTIAL STATUS OF THE PATIENT : 1977

	PULMONARY					OTHER FORMS					ALL FORMS				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
City	63	1068	6	47	1184	3	39	1	4	47	66	1107	7	51	1231
Langa		5		382	387				16	16		5		398	403
Guguletu		7		489	496				19	19		7		508	515
TOTAL LOCAL	63	1080	6	918	2067	3	39	1	39	82	66	1119	7	957	2149
Imported	8	103		364	475		2		10	12	8	105		374	487
Out of City	17	64		42	123		23		5	28	17	87		47	151
TOTAL	88	1247	6	1324	2665	3	64	1	54	122	91	1311	7	1378	2787

	PULMONARY																								
	LUNGS					PLEURAL EFFUSION					PRIMARY COMPLEX OR MEDIASTINAL GLANDS					TUBERCULIN POSITIVE UNDER 5 YEARS					TOTAL 'PULMONARY FORMS'				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
City	50	680	3	41	774	5	39	1	1	46	2	286	1	4	293	6	63	1	1	71	63	1068	6	47	1184
Langa		5		312	317				19	19				41	41				10	10		5		382	387
Guguletu		6		314	320				14	14		1		129	130				32	32		7		489	496
TOTAL LOCAL	50	691	3	667	1411	5	39	1	34	79	2	287	1	174	464	6	63	1	43	113	63	1080	6	918	2067
Imported	7	82		273	362	1	1		12	14		14		68	82		6		11	17	8	130		364	475
Out of City	17	64		41	122									1	1						17	64		42	123
TOTAL	74	837	3	981	1895	6	40	1	46	93	2	301	1	243	547	6	69	1	54	130	88	1247	6	1324	2665

	FORMS OF TUBERCULOSIS OTHER THAN PULMONARY																																				
	MENINGES					ABDOMINAL					ORTHOPAEDIC					GLANDS OTHER THAN MEDIASTINAL					GENITO-URINARY SYSTEM					OTHER ORGANS					TOTAL 'OTHER FORMS'				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
City	1	9			10		3			3		13		1	14	2	5	1		8		6		1	7		3		2	5	3	39	1	4	47
Langa				5	5									3	3				3	3									5	5				16	16
Guguletu				5	5				2	2				5	5				3	3									4	4				19	19
TOTAL LOCAL	1	9		10	20		3		2	5		13		9	22	2	5	1	6	14		6		1	7		3		11	14	3	39	1	39	82
Imported				5	5							1		3	4				1	1							1		1	2		2		10	12
Out of City		22		5	27												1			1												23		5	28
TOTAL	1	31		20	52		3		2	5		14		12	26	2	6	1	7	16		6		1	7		4		12	16	3	64	1	54	122

W = White; C = Coloured; A = Asiatic; B = Blacks

Table V.1 (b) *NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS): 1977*

RACE	PULMONARY TUBERCULOSIS						OTHER FORMS						TOTAL						TOTAL		
	Local			Imported			Local			Imported			Local			Imported					
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
WHITES	31	32	63	7	1	8	1	2	3	—	—	—	32	34	66	7	1	8	39	35	74
COLOUREDS: Langa	3	2	5	—	—	—	—	—	—	—	—	—	3	2	5	—	—	—	3	2	5
Guguletu	3	4	7	—	—	—	—	—	—	—	—	—	3	4	7	—	—	—	3	4	7
Rest of City	562	506	1068	50	53	103	14	25	39	2	—	2	576	531	1107	52	53	105	628	584	1212
TOTAL	568	512	1080	50	53	103	14	25	39	2	0	2	582	537	1119	52	53	105	634	590	1224
ASIANS	5	1	6	—	—	—	—	1	1	—	—	—	5	2	7	—	—	—	5	2	7
BLACKS: Langa	286	96	382	143	107	250	10	6	16	2	2	4	296	102	398	145	109	254	441	211	652
Guguletu	262	227	489	33	53	86	9	10	19	3	2	5	271	237	508	36	55	91	307	292	599
Rest of City	28	19	47	18	10	28	2	2	4	—	1	1	30	21	51	18	11	29	48	32	80
TOTAL	578	342	918	194	170	364	21	18	39	5	5	10	597	360	957	199	175	374	796	535	1331
TOTAL	1180	887	2067	251	224	475	36	46	82	7	5	12	1216	933	2149	258	229	487	1474	1162	2636

Table V.2 *NOTIFICATION RATES PER 1 000 OF THE POPULATION OF PULMONARY AND OTHER FORMS OF TUBERCULOSIS SEPARATELY AND TOGETHER FOR LOCAL CASES, BY RACE : 1973 – 1977 (NB: DEFINITION OF PULMONARY FORMS CHANGED IN 1976 – SEE TEXT).*

	1973	1974	1975	1976	1977
PULMONARY					
White	0,21	0,17	0,19	0,21	0,24
Coloured	1,53	1,62	1,65	1,94	2,18
Asiatic	0,69	0,57	0,19	0,09	0,53
Black	7,93	8,13	9,04	9,87	8,91
TOTAL	1,85	1,93	2,06	2,34	2,38
OTHER					
White	0,01	0,02	0,03	0,01	0,01
Coloured	0,40	0,51	0,52	0,05	0,08
Asiatic	0,01		0,09		0,09
Black	2,13	2,53	2,51	0,15	0,38
TOTAL	0,48	0,59	0,60	0,05	0,09
ALL FORMS					
White	0,22	0,19	0,22	0,22	0,26
Coloured	1,93	2,14	2,17	2,01	2,26
Asiatic	0,7	0,57	0,28	0,09	0,62
Black	10,06	10,66	11,55	10,02	9,29
TOTAL	2,33	2,52	2,66	2,39	2,48

Table V.3 *SOME ESTIMATIONS OF AGE – RACE SPECIFIC INCIDENCE RATES PER 10 000 POPULATION OF NOTIFIED CASES OF TUBERCULOSIS (ALL FORMS, LOCAL AND IMPORTED CASES) : 1977*

	1970 ESTIMATED PERCENTAGE OF CAPE TOWN POPULATION BY ETHNIC COMMUNITY	1977 POPULATION ESTIMATE	TB ALL FORMS LOCAL AND IMPORTED	RATE PER 10 000 POPULATION
WHITE				
0 — 4 years	8,23	21179	8	3,8
5 — 9 years	7,78	20021	0	0
10 — 14 years	7,98	20535	0	0
15 + years	76,01	195605	66	3,4
All ages	100	257340	74	2,9
COLOURED				
0 — 4 years	15,1	74790	289	38,6
5 — 9 years	14,6	72313	144	19,9
10 — 14 years	12,47	61912	52	8,4
15 + years	57,83	286285	746	26,1
All ages	100	495300	1231	24,9
ASIAN				
All ages	100	11350	7	6,2
BLACK				
All ages	100	103000	1334	129,5

Table V.4 *THE ESTIMATED PREVALENCE OF NOTIFIED TUBERCULOSIS CASES STILL REQUIRING CHEMOTHERAPY AT 1977–06–30 PER 10 000 POPULATION, BY RACE*

RACE	STATUS	NOTIFIED IN 1976			NOTIFIED IN 1977			A + B/2	POPULATION MID 1977	PREVALENCE PER 10 000 POPULATION	HEAD OF POPULATION PER CASE
		PTB	OTHER	TOTAL (A)	PTB	OTHER	TOTAL (B)				
White	Local	54	3	57	63	3	66	90		3,5	2 857
	Imported	8		8	8		8				
	TOTAL	62	3	65	71	3	74	102	257 340	4,0	2 500
Coloured	Local	925	23	948	1 080	39	1 119	1507,5		30,4	328
	Imported	96	3	99	130	2	105				
	TOTAL	1 021	26	1 047	1 183	41	1 224	1659	495 300	33,5	299
Asian	Local	1		1	6	1	7	4,5		4,0	2 500
	Imported	1		1							
	TOTAL	2		2	6	1	7	5,5	11 350	4,8	2 083
Black	Local	992	15	1 007	918	39	957	1485,5		144,2	69
	Imported	509	5	514	364	10	374				
	TOTAL	1 501	20	1 521	1 282	49	1 331	2186,5	103 000	212,3	47
TOTAL	Local	1 972	41	2 013	2 067	82	2 149	3087,5		35,6	281
	Imported	614	8	622	475	12	487				
	TOTAL	2 586	49	2 635	2 542	94	2 636	3 953	866 990	45,6	219

Table V.5 *THE PATTERN OF OCCURRENCE OF TUBERCULOSIS IN CAPE TOWN : 1977 Corrected diagnoses by Age, Race, Sex. (For key to symbols see page 62)*

ASIAN

YEARS IN AGE GROUP		<1	1	2	3	4	T. < 5	5	6	7	8	9	10	11	12	13	14	T. 5 — 14	T. < 15	15 — 24	25 — 34	35 — 44	45 — 54	55 +		T. 15 +	T. All Ages
A	M		1				1												1								1
	F																										
	T		1				1												1								1
C	M																										
	F				1		1	1										1	2								2
	T				1		1	1										1	2								2
F	M																										
	F																				1					1	1
	T																				1					1	1
G	M																			1	1					2	2
	F																										
	T																			1	1					2	2
XX	M																										
	F																			1						1	1
	T																			1						1	1
Total	M		1				1												1	1	1					2	3
	F				1		1	1										1	2	1	1					2	4
	T		1		1		2	1										1	3	2	2					4	7

WHITE

YEARS IN AGE GROUP		<1	1	2	3	4	T. < 5	5	6	7	8	9	10	11	12	13	14	T. 5 — 14	T. < 15	15 — 24	25 — 34	35 — 44	45 — 54	55 +		T. 15 +	T. All Ages
A	M	2	1		1		4												4								4
	F		1	1			2												2								2
	T	2	2	1	1		6												6								6
B	M																										
	F	1	1				2												2			1				1	3
	T	1	1				2												2			1				1	3
D + XO	M																										
	F																				1					1	1
	T																				1					1	1
F	M																					1	1			2	2
	F																						1		2	3	3
	T																					1	2		2	5	5
G	M																			2	2	5	7	16		32	32
	F																			2	5	5	4	7	1	24	24
	T																			4	7	10	11	23	1	56	56
G + F	M																										
	F																							1		1	1
	T																							1		1	1
G + XX	M																										
	F																							1		1	1
	T																							1		1	1
XX	M																										
	F																							1		1	1
	T																							1		1	1
Total	M	2	1		1		4												4	2	2	6	8	16		34	38
	F	1	2	1			4												4	2	6	6	5	10	3	32	36
	T	3	3	1	1		8												8	4	8	12	13	26	3	66	74

Table V.5 Continued *THE PATTERN OF OCCURENCE OF TUBERCULOSIS IN CAPE TOWN : 1977 Corrected diagnoses by Age, Race, Sex. (For key to symbols see page 62)*

COLOURED

YEARS IN AGE GROUP		<1	1	2	3	4	T.<5	5	6	7	8	9	10	11	12	13	14	T. 5 – 14	T.<15	15 – 24	25 – 34	35 – 44	45 – 54	55 +		T. 15 +	T. All Ages
A	M	5	6	3	7	8	29												29								29
	F	6	10	7	5	4	32												32								32
	T	11	16	10	12	12	61												61								61
B	M	9	8	19	13	7	56	14	9	8	7	6	2	1	3	3		53	109								109
	F	6	11	13	18	11	59	24	10	7	6	14	4	2	4	5	2	78	137	4						4	141
	T	15	19	32	31	18	115	38	19	15	13	20	6	3	7	8	2	131	246	4						4	250
C	M	4	12	7	7	5	35	2	3	2	3							10	45								45
	F	6	7	9	3	3	28	4	4	1	1	3	2	1	1	1		18	46								46
	T	10	19	16	10	8	63	6	7	3	4	3	2	1	1	1		28	91								91
D	M	2					2												2	2						2	4
	F		1				1												1	1						1	2
	T	2	1				3												3	3						3	6
D + F	M																						1			1	1
	F																										
	T																						1			1	1
D + XX	M																						1			1	1
	F																										
	T																						1			1	1
E	M																			1				1		2	2
	F																				1	1				2	2
	T																			1	1	1		1		4	4
E + C	M							1										1	1								1
	F																										
	T							1										1	1								1
F	M											1					1	2	2	6	4	1	3	1	1	16	18
	F										1			1				2	2	11	1			1		13	15
	T										1	1		1			1	4	4	17	5	1	3	2	1	29	33
F + B	M							1										1	1								1
	F																										
	T							1										1	1								1
F + C	M		1		1		2												2								2
	F																										
	T		1		1		2												2								2
F + XX	M																										
	F											1						1	1								1
	T											1						1	1								1
G	M	3	4	1	4	3	15		1	1	1		1		1		3	8	23	70	78	87	69	57	12	373	396
	F	5	6	4	3	1	19		1			1	1	1	5	1	3	13	32	108	75	48	29	18	8	286	318
	T	8	10	5	7	4	34		2	1	1	1	2	1	6	1	6	21	55	178	153	135	98	75	20	659	714
G + F	M																			1	2		3	1		7	7
	F																			3	3	1	1			8	8
	T																			4	5	1	4	1		15	15
G + XX	M																			1	1					2	2
	F				1		1												1	1	1					2	3
	T				1		1												1	2	2					4	5
XT	M	1					1	1	1					1				3	4								4
	F	1					1				2							2	3								3
	T	2					2	1	1		2			1				5	7								7
XT + D	M																										
	F																					1				1	1
	T																					1				1	1
XT + G	M	1			1	1	3												3								3
	F																										
	T	1			1	1	3												3								3
XO	M			1			1												1	1					2	3	4
	F		1				1									1		1	2		3		1		2	6	8
	T		1	1			2									1		1	3	1	3		1		4	9	12
XO + C	M				1		1												1								1
	F																										
	T				1		1												1								1
XX	M	1					1												1	1				1		2	3
	F			1			1	1							1			2	3	4	5	2	1		1	13	16
	T	1		1			2	1							1			2	4	5	5	2	1	1	1	15	19
XX + B	M																			1						1	1
	F										1							1	1								1
	T										1							1	1	1						1	2
Total	M	26	31	31	34	24	146	19	14	11	11	7	3	2	4	3	4	78	224	84	85	88	77	61	15	410	634
	F	24	36	34	30	19	143	29	15	8	11	19	7	5	11	8	5	118	261	132	89	53	32	19	11	336	597
	T	50	67	65	64	43	289	48	29	19	22	26	10	7	15	11	9	196	485	216	174	141	109	80	26	746	1231

Table V.5 Continued *THE PATTERN OF OCCURRENCE OF TUBERCULOSIS IN CAPE TOWN : 1977 Corrected diagnoses by Age, Race, Sex. (For key to symbols see page 62)*

BLACKS

YEARS IN AGE GROUP		<1	1	2	3	4	T. 5	5	6	7	8	9	10	11	12	13	14	T. 5 – 14	T. <15	15 – 24	25 – 34	35 – 44	45 – 54	55 +		T. 15 +	T. All Ages
A	M	8	4	1	9	1	23												23								23
	F	7	5	2	2	6	22												22								22
	T	15	9	3	11	7	45												45								45
B	M	6	15	7	5	5	38	9	9	2	2	2	3	2	3	1		33	71	1	1				1	3	74
	F	9	7	14	16	7	53	6	6	8		3	3	2	3	4		35	88	3						3	91
	T	15	22	21	21	12	91	15	15	10	2	5	6	4	6	5		68	159	4	1				1	6	165
C	M	11	11	8	10	4	44	6	3	2	1		1					13	57		1	1				2	59
	F	8	13	6	17	9	53	5	5	3	1		1	1	1	1		18	71			1				1	72
	T	19	24	14	27	13	97	11	8	5	2		2	1	1	1		31	128		1	2				3	131
D	M	1	2				3												3				1			1	4
	F	1					1						1					1	2	2						2	4
	T	2	2				4						1					1	5	2			1			3	8
E	M								1									1	1		1	2	1	2		6	7
	F																										
	T								1									1	1		1	2	1	2		6	7
F	M											1	1					2	2	3	2	2	4	3	2	16	18
	F											1	1					2	2	1	3			1		5	7
	T											2	2					4	4	4	5	2	4	4	2	21	25
F + B	M					1	1												1								1
	F																										
	T					1	1												1								1
F + C	M			1	1		2												2		1				3	4	6
	F																										
	T			1	1		2												2		1				3	4	6
F + XX	M																										
	F																						1			1	1
	T																						1			1	1
G	M	4	12	1	4	4	25	8		2	4	1		1	3			19	44	70	109	132	114	74	14	513	557
	F	5	8	7	3	6	29	3		1	2	1	2	2	2	6	3	22	51	82	68	52	19	27	8	256	307
	T	9	20	8	7	10	54	11		3	6	2	2	3	5	6	3	41	95	152	177	184	133	101	22	769	864
G + F	M																			1	1	2	2	8		14	14
	F																			3	2	2	2	2	2	13	13
	T																			4	3	4	4	10	2	27	27
G + XO	M																					1				1	1
	F																										
	T																					1				1	1
G + XX	M																							2	2	4	4
	F																										
	T																							2	2	4	4
XT	M							1	1									2	2								2
	F			2	1		3												3		1					1	4
	T			2	1		3	1	1									2	5		1					1	6
XT + B	M		1				1												1								1
	F																										
	T		1				1												1								1
XT + D	M	1				1	2												2								2
	F																										
	T	1				1	2												2								2
XT + G	M																				1					1	1
	F																					1				1	1
	T																				1	1				2	2
XO	M																			3	1				4	8	8
	F										1							1	1	1		1			1	3	4
	T										1							1	1	4	1	1			5	11	12
XO + C	M			1		1	2												2								2
	F																										
	T			1		1	2												2								2
XX	M																			2			2	1	6	11	11
	F	1		1			2					1						1	3		1				3	4	7
	T	1		1			2					1						1	3	2	1		2	1	9	15	18
XX + B	M									1								1	1								1
	F		1			1	2												2	1						1	3
	T		1			1	2			1								1	3	1						1	4
XX + C	M				1		1			1								1	2								2
	F																										
	T				1		1			1								1	2								2
Total	M	31	45	19	30	17	142	24	14	8	7	4	5	3	6	1		72	214	80	118	140	124	90	32	584	798
	F	31	34	32	39	29	165	14	11	12	4	6	8	5	6	11	3	80	245	93	75	57	22	30	14	536	536
	T	62	79	51	69	46	307	38	25	20	11	10	13	8	12	12	3	152	459	173	193	197	146	120	46	875	1334

Table V.6 *PULMONARY TUBERCULOSIS (AFFECTING PLEURA, LUNGS, PULMONARY LYMPHATIC DRAINAGE SYSTEM AND INCLUDING TUBERCULIN POSITIVE CHILDREN UNDER THE AGE OF FIVE YEARS WHO HAVE NOT HAD BCG); NOTIFICATIONS AND INCIDENCE RATES PER 1 000 POPULATION FOR LOCAL CASES AND NOTIFICATIONS OF IMPORTED CASES, BY RACE : 1976 – 1977*

	LOCAL CASES ONLY				IMPORTED CASES	
	NOTIFICATIONS		RATE PER 1 000 POPULATION		NOTIFICATIONS	
	1976	1977	1976	1977	1976	1977
White	54	63	0,21	0,24	8	8
Coloured	925	1 080	1,94	2,18	96	103
Asiatic	1	6	0,09	0,53	1	
Blacks Langa	402	382	12,65	11,80		250
Guguletu	490	489	8,87	8,68		86
Rest of City	100	47	7,39	3,28		28
Black Total	992	918	9,87	8,91	509	364
TOTAL	1 972	2 067	2,34	2,38	614	475

Table V.7 *NOTIFICATIONS OF AND DEATHS FROM FORMS OF TUBERCULOSIS OTHER THAN PULMONARY FOR LOCAL CASES; AND NOTIFICATIONS OF SUCH CASES OF IMPORTED INFECTION, BY RACE : 1977*

	LOCAL CASES					IMPORTED CASES					NOTIFIED DEATHS				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Meninges	1	9		10	20				5	5		4		6	10
Abdominal		3		2	5										
Orthopaedic		13		9	22		1		3	4					
Glands	2	5	1	6	14				1	1					
Genito-urinary		6		1	7										
Other		3		11	14		1		1	2				2	2
TOTAL	3	39	1	39	82		2		10	12		4		8	12

W = White; C = Coloured; A = Asiatic; B = Blacks

Table V.8 *DEATH RATES PER 1 000 POPULATION OF ALL FORMS OF TUBERCULOSIS BY QUINQUENNIA : 1957/1961 TO 1973/1977 AND ANNUALLY 1973 – 1977*

	DEATH RATE PER 1 000 POPULATION		
	WHITE	COLOURED, ASIATIC AND BLACKS	ALL RACES
5 Years Ended Dec., 1961	0,16	0,71	0,50
5 Years Ended Dec., 1966	0,08	0,49	0,34
5 Years Ended Dec., 1971	0,04	0,43	0,30
5 Years Ended Dec., 1975	0,03	0,38	0,25
5 Years Ended Dec., 1977	0,02	0,31	0,22
Calender Year 1973	0,03	0,38	0,27
Calender Year 1974	0,03	0,33	0,24
Calender Year 1975	0,00	0,29	0,21
Calender Year 1976	0,02	0,28	0,20
Calender Year 1977	0,03	0,26	0,19

Table V.9 *NUMBERS OF DEATHS FROM, AND DEATH RATES PER 1 000 POPULATION DUE TO, PULMONARY TUBERCULOSIS : 1976 – 1977*

	DEATHS		RATE PER 1 000 POPULATION	
	1976	1977	1976	1977
White	4	9	0,02	0,03
Coloured	71	74	0,15	0,15
Asiatic	—	2	—	0,18
Black	75	68	0,75	0,66
TOTAL	150	153	0,18	0,18

Table V.10 *DEATH RATES PER 1 000 POPULATION FOR PULMONARY AND OTHER FORMS OF TUBERCULOSIS, BY RACE : 1973 – 1977*

RACE	PULMONARY TUBERCULOSIS					TUBERCULOSIS, OTHER FORMS				
	1973	1974	1975	1976	1977	1973	1974	1975	1976	1977
White	0,03	0,02	0,00	0,02	0,03	—	0,01	—	—	—
Coloured	0,31	0,18	0,17	0,15	0,15	0,04	0,02	0,01	0,01	0,01
Asiatic	0,20	—	—	—	0,18	—	—	—	—	—
Black	0,54	0,77	0,78	0,75	0,66	0,01	0,21	0,05	0,12	0,08
TOTAL	0,25	0,20	0,19	0,18	0,18	0,02	0,04	0,01	0,02	0,01

Table V.11 *TUBERCULOSIS MENINGITIS NOTIFICATIONS AND DEATHS (NUMBERS AND RATES), BY RACE : 1960 – 1977*

	NOTIFICATIONS								DEATHS							
	NUMBERS				RATE PER 100 000 POPULATION				NUMBERS				RATE PER 100 000 POPULATION			
	W	C & A	B	TOTAL	W	C & A	B	TOTAL	W	C & A	B	TOTAL	W	C & A	B	TOTAL
1960	6	39	7	52	3,10	14,27	10,80	9,78	x	x	x	26	x	x	x	4,89
1961	2	33	12	47	1,02	11,68	18,08	8,63	x	x	x	26	x	x	x	4,78
1962	2	19	11	32	1,01	6,49	16,17	5,73	x	x	x	15	x	x	x	2,68
1963	0	25	5	30	0	8,23	6,80	5,20	x	x	x	14	x	x	x	2,42
1964	1	28	8	37	0,49	8,89	10,88	6,26	x	x	x	11	x	x	x	1,86
1965	0	24	8	32	0	7,35	10,18	5,25	x	x	x	12	x	x	x	1,97
1966	2	11	9	22	0,97	3,25	10,12	3,47	x	x	x	16	x	x	x	2,52
1967	1	14	19	34	0,48	3,99	21,11	5,22	0	6	7	13	0	1,71	7,78	1,20
1968	1	22	12	35	0,47	6,04	14,84	5,33	0	9	6	15	0	2,47	7,42	2,28
1969	0	9	11	20	0	2,38	13,02	2,96	0	5	6	11	0	1,32	7,10	1,63
1970	1	14	11	26	0,46	3,58	12,84	3,75	0	2	3	5	0	0,51	3,50	0,72
1971	0	11	13	24	0	2,70	13,97	3,26	0	6	3	9	0	1,47	3,22	1,22
1972	0	8	13	21	0	1,89	14,26	2,79	0	7	2	9	0	1,66	2,19	1,20
1973	0	8	15	23	0	1,83	16,62	2,98	0	2	9	11	0	0,46	9,97	1,43
1974	0	8	10	18	0	1,76	10,53	2,26	2	5	9	16	0,81	1,10	9,47	2,01
1975	0	10	18	28	0	2,12	18,42	3,42	0	6	2	8	0	1,27	2,05	0,98
1976	0	14	10	24	0	2,87	9,95	2,85	0	5	6	11	0	1,02	5,97	1,31
1977	1	9	15	25	0,39	1,78	14,56	2,88	0	4	6	10	—	0,79	5,83	1,15

W = White; C = Coloured; A = Asiatic; B = Blacks

x Not available

Table V.12 *CLASSIFICATION OF PERSONS ATTENDING CITY HEALTH DEPARTMENT CLINICS FOR THE FIRST TIME AS TO WHETHER THEY WERE NOTIFIED CASES, CONTACTS OR SUSPECTS; AND ANY CHANGE TO THIS DESCRIPTION : 1977*

Persons attending for first time	WHITE					COLOURED, ASIATIC AND BLACKS					
	Adults		Children		Total	Adults		Children		Total	All races
	M	F	M	F		M	F	M	F		
Notified											
Accepted	8	4			12	98	56	34	30	218	230
Not accepted											
TOTAL	8	4			12	98	56	34	30	218	230
Contacts:											
Notified		1	3		4	30	44	140	150	364	368
Non-Tuberculous	113	145	78	64	400	599	1439	1064	1231	4333	4733
TOTAL	113	146	81	64	404	629	1483	1204	1381	4697	5101
Suspects:											
Notified	22	17	2	3	44	667	360	184	242	1453	1497
Non-Tuberculous	99	123	37	23	282	1530	1444	714	729	4417	4699
TOTAL	121	140	39	26	326	2197	1804	898	971	5870	6196
TOTAL	242	290	120	90	742	2924	3343	2136	2382	10785	11527

Table V.13 *MASS MINIATURE RADIOGRAPHY AT THE CHAPEL STREET CLINIC – NUMBERS OF EXAMINATIONS BY RACE AND SEX : 1974 – 1977*

Period	White		Coloured, Asiatic and Blacks		Total
	Males	Females	Males	Females	
1974	7 398	4 794	26 482	23 092	61 766
1975	9 025	4 954	32 891	21 719	68 589
1976	8 320	4 131	28 952	22 221	63 624
1977	7 455	3 865	28 747	20 091	60 158

In addition to the 60 158 miniature film examinations made during the year, 782 100mm films were taken as compared with 750 in the previous year.

Table V.14 *AGE – RACE – SEX CLASSIFICATION OF PERSONS SCREENED BY MASS MINIATURE RADIOGRAPHY AT THE CHAPEL STREET CLINIC: 1976 – 1977*

Year	Race	Active Tuberculosis Discovered										Extra municipal cases included in foregoing	
		Age-Groups								Total			
		15—24		25—34		35—44		45 +					
		M	F	M	F	M	F	M	F	M	F	M	F
1976	White	—	1	—	1	—	—	2		2	2	—	—
	C, A & B	23	16	31	15	39	8	31		124	39	26	11
	TOTAL	23	17	31	16	39	8	33		126	41	26	11
1977	White	—	—	2	1	2	1	2	—	6	2	1	—
	C, A & B	10	15	25	7	27	5	22	1	84	28	16	9
	TOTAL	10	15	27	8	29	6	24	1	90	30	17	9

Table V.15 *RESULTS OF MASS MINIATURE RADIOGRAPHY AT THE CHAPEL STREET CLINIC : 1973 – 1977*

	1973	1974	1975	1976	1977
Persons screened	63 097	61 766	68 589	63 624	60 158
Recalled for further investigation	1 046	901	795	835	843
Recalls who failed to attend			255	295	61
Recalls who were examined			540	540	782
Recalls found to have active T.B.	228	169	198	167	120
Active T.B. found but previously known	46	34	45	34	19
New cases of active T.B. found	182	135	153	133	101
Cases referred to the special intrathoracic clinic at chapel street	351	253	361	373	251
Extra Municipal cases discovered	46	34	37	37	26

Table V.16 *RESULTS OF MASS MINIATURE RADIOGRAPHY AT THE LANGA X-RAY CENTRE FOR BLACK MIGRANT WORKERS : 1974 – 1977*

	1974	1975	1976	1977
Persons examined	24 582	22 938	16 622	7 508
Recalled for further examination	1 188	714	442	383
New cases discovered	413	239	140	38
Old cases previously known	188	226	153	88
Particulars of those recalled for further examination.				
Old cases allowed to work under treatment	185	223	148	86
New cases allowed to work under treatment	367	208	112	30
Old cases unfit for work	3	3	5	2
New cases unfit for work	46	26	28	8
Cases found free of tubercle	587	249	149	257
Untraceable		69	41	78

Table V.17 *HOSPITALISATION OF NOTIFIED CASES OF PULMONARY TUBERCULOSIS : 1977*

	LOCAL			Imported Cases	Outside Cape Town Cases
	City	Langa	Guguletu		
New pulmonary cases notified during the year	1 184	387	496	475	123
Known to have had T.B. positive sputum	303	150	149	165	
New pulmonary cases admitted to institutions for treatment of tuberculosis	315	160	189	189	121
Proportion of new cases admitted	27°/o	41°/o	38°/o	40°/o	98°/o
Died before receipt of notification	15	8	16	1	
Died within 6 months of notification	32	7	13	4	10
Pulmonary cases treated but not admitted to hospital — Male	414	149	134	142	
Female	403	52	136	135	
TOTAL	817	201	270	277	

Table V.18 *ATTENDANCES AT CITY HEALTH DEPARTMENT CENTRES FOR THE CONTROL OF TUBERCULOSIS 1976 – 1977*

	Number of sessions		New Consultations		Total Attendances	
	1976	1977	1976	1977	1976	1977
CHAPEL ST:						
White			416	428	1 885	1 978
C, A, B			2 187	2 871	12 457	25 890
TOTAL	226	362	2 603	3 299	14 342	27 868
WYNBERG:						
White			283	314	1 087	1 442
C, A, B			752	1 073	4 577	4 374
TOTAL	148	125	1 035	1 387	5 664	5 816
KENSINGTON:	97	101	590	765	4 915	5 032
ATHLONE:	99	50	733	78	4 144	1 718
SILVERTOWN:	208	51	1 890	911	12 077	5 480
LANGA: Blacks	90		1 266		8 380	
GUGULETU: Blacks	130		1 538		10 725	
RETREAT:	98	104	1 379	906	7 565	7 341
HANOVER PARK:		25		543		1 827
HEIDEVELD:	46	51	630	631	3 179	4 239
LAVENDER HILL	21	51	263	674	1 373	3 715
BONTEHEUWEL		51		990		2 979
MANENBERG		39		652		3 566
TOTALS						
White			699	742	2 972	3 420
C, A & B			11 228	10 094	69 392	66 161
All Races	1 163	1 010	11 927	10 836	72 364	69 581

Table V.19 *MOBILE X-RAY UNIT WORKLOAD AT THE VARIOUS CITY HEALTH DEPARTMENT CENTRES FOR THE CONTROL OF TUBERCULOSIS : 1973 – 1977*

YEAR	RACE	X-RAYS	RACE	X-RAYS	TOTAL
1973	White	1 203	C, A & B	22 123	23 326
1974	White	1 417	C, A & B	28 131	29 548
1975	White	1 727	C, A & B	29 835	31 562
1976	White	1 503	C, A & B	27 962	29 465
1977	White	1 659	C, A & B	28 770	30 429

Table V.20 *REASONS FOR FAILURE OF NOTIFIED CASES OF PULMONARY TUBERCULOSIS TO ATTEND CITY HEALTH DEPARTMENT CLINICS : 1977*

	LOCAL			Imported cases	Outside Cape Town	Total
	City	Langa	Guguletu			
Attended clinic	1 084	331	424	439	2	2 280
Failed to attend	100	56	72	36	121	385
	1 184	387	496	475	123	2 665
Failure to attend clinics:						
In hospital	18	15	16	5	121	175
Hospital out-patients	14		2			16
Too ill						
Died before notification	21	5	7	3		36
First advice through death registration	12	8	15	1		36
Refusals	6	3	6	2		17
Under private care						
Untraceable or decamped on notification	29	25	26	25		105
TOTAL	100	56	72	36	121	385

Table V.21 *AMBULATORY STREPTOMYCIN INJECTIONS GIVEN AT CLINICS: 1976 – 1977*

	1976	1977
CHAPEL ST:		
White	61	416
C, A & B	4 064	4 328
TOTAL	4 125	4 744
WYNBERG:		
White	143	162
C, A & B	1 043	1 349
TOTAL	1 186	1 511
KENSINGTON:	2 121	3 520
ATHLONE:	749	867
SILVERTOWN:	5 473	4 473
LANGA: Blacks	13 539	13 368
GUGULETU Blacks	13 150	11 380
RETREAT	2 885	3 938
HEIDEVELD:	2 551	2 318
BONTEHEUWEL:		4 640
LAVENDER HILL :	719	2 590
PARK WOOD:		599
HANOVER PARK:		2 054
MANENBERG:		3 603
TOTAL:		
White	204	578
Coloured, Asiatic and Blacks	46 294	59 027
TOTAL	46 498	59 605

Table V.22 *STREPTOMYCIN USAGE AT CLINICS AND IN THE HOME : 1976 – 1977*

	1976	1977	°/o age change
Local and imported Notifications of Pulmonary tuberculosis	2 586	2 542	– 1,7°/o
Treated at clinics only	1 431	1 565	+ 9,4°/o
Streptomycin injections at clinics	46 498	59 605	+ 28,2°/o
Domiciliary streptomycin injections	10 417		
Total streptomycin injections	56 915	59 605	+ 4,7°/o
Rate of injections of streptomycin per new clinic attendance	40	38	– 5°/o

Table V.23 *RESUME OF WORK DONE BY THE CARE COMMITTEE FOR TUBERCULOSIS PATIENTS : 1975 – 1977*

	1975	1976	1977
Families helped with rentals	82	56	38
Families helped with maintenance grants	342	325	381
Families helped with both of the above	69	86	57
Hospital grants	276	364	518
Clothing/blankets	268	57	56
Articles of clothing distributed	398	241	221
Number of blankets distributed	25	25	150
Caseworker visits paid	668	335	300
Interviews given	2 639	2 214	1 680
New cases seen	498	623	688

Table VI.1

NEW CASES AND TOTAL ATTENDANCES BY RACE, SEX AND DIAGNOSIS OF SEXUALLY TRANSMITTED DISEASES : 1976 – 1977

Table VI.1

DISEASES	1976																1977														
	NEW CASES							TOTAL ATTENDANCES							NEW CASES							TOTAL ATTENDANCES									
	White			C, A & B			Total	White			C, A & B			Total	White			C, A & B			Total	White			C, A & B			Total			
	M	F	T	M	F	T		M	F	T	M	F	T		M	F	T	M	F	T		M	F	T	M	F	T				
1. Seronegative primary Syphilis	40	1	41	397	39	436	477	181	1	182	1248	151	1399	1581	58	2	60	417	40	457	517	269	3	272	1260	146	1406	1678			
2. Seropositive primary Syphilis	42	1	43	709	69	778	821	221	1	222	2093	335	2428	2650	24		24	872	84	956	980	105	7	112	2654	432	3086	3198			
3. Secondary Syphilis	10	4	14	149	156	305	319	59	19	78	547	869	1416	1494	5	2	7	149	187	336	343	38	9	47	526	939	1465	1512			
4. Tertiary Syphilis				14	20	34	34		3	3	418	150	568	571				17	13	30	30	1	2	3	96	123	219	222			
5. Latent Syphilis	21	7	28	337	1664	2001	2029	221	34	255	1351	7756	9107	9362	15	4	19	267	1464	1731	1750	123	22	145	1467	7392	8859	9004			
6. Neurosyphilis				7	1	8	8				84	32	116	116				21	9	30	30	2		2	129	50	179	181			
7. Congenital Syphilis (under 1 Year)				39	27	66	66				166	106	272	272	2		2	23	21	44	46	2		2	109	128	237	239			
8. Congenital Syphilis (over 1 Year)				2	7	9	9	5		5	6	24	30	35				6	6	12	12	8		8	11	28	39	47			
Sub Total (Syphilitic infections)	113	13	126	1654	1983	3637	3763	687	58	745	5913	9423	15336	16081	104	8	112	1772	1824	3596	3708	548	43	591	6252	9238	15490	16081			
9. Gonorrhoea	226	19	245	7734	399	8133	8378	505	41	546	12029	942	12971	13517	187	11	198	8322	441	8763	8961	393	19	412	13163	1074	14237	14649			
10. Gonococcal vulvovaginitis					1	1	1					4	4	4					2	2	2					7	7	7			
11. Gonococcal ophthalmia				3	5	8	8				16	9	25	25					2	2	2					5	5	5			
Sub Total (Gonorrhoeal infections)	226	19	245	7737	405	8142	8387	505	41	546	12045	955	13000	13546	187	11	198	8322	445	8767	8965	393	19	412	13163	1086	14249	14661			
12. Ulcus molle	1		1	15	1	16	17	2		2	37	4	41	43				17	8	25	25				31	19	50	50			
13. Lymphogranuloma venereum				2		2	2				12	1	13	13				1		1	1				12		12	12			
14. Granuloma Inguinale																			2	2	2					3	3	3			
15. Venereal warts	1		1	94	39	133	134	3	1	4	229	179	408	412	1		1	105	24	129	130	3	1	4	250	92	342	346			
16. Non-specific urethritis	48	3	51	622	8	630	681	115	6	121	1040	18	1058	1179	36		36	308	5	313	349	109	1	110	579	14	593	703			
16.(a) Reiters syndrome				1		1	1				27		27	27											2		2	2			
Sub Total (other venereal diseases)	50	3	53	734	48	782	835	120	7	127	1345	202	1547	1674	37		37	431	39	470	507	112	2	114	874	128	1002	1116			
Total V.D. Cases	389	35	424	10125	2436	12561	12985	1312	106	1418	19303	10580	29883	31301	328	19	347	10525	2308	12833	13180	1053	64	1117	20289	10452	307141	31858			
17. Non-venereal	122	31	153	1882	949	2831	2984	240	87	327	3485	2516	6001	6328	106	29	135	1689	1060	2749	2884	187	59	246	2899	2680	5579	5825			
18. Undiagnosed								3		3	17	31	48	51																	
GRAND TOTAL	511	66	577	12007	3385	15392	15969	1555	193	1748	22805	13127	35932	37680	434	48	482	12214	3368	15582	16064	1240	123	1363	23188	13132	36320	37683			

Table VI.2 *NEW CASES OF S.T.D. BY DIAGNOSIS, RACE GROUP AND SEX; AND INCIDENCE RATES FOR ALL FORMS OF S.T.D. TOGETHER : 1968–1977*

YEAR	NEW CASES																Total	Incidence rate per 1 000 Population
	Syphilis Congenital				Syphilis Other Forms				Gonorrhoeal Infections				Other Venereal Diseases					
	W		C, A & B		W		C, A & B		W		C, A & B		W		C, A & B			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1968		2	25	28	69	32	1107	1629	155	14	4672	453	3		33	16	8238	13,2
1969	2		23	50	48	22	816	1936	212	30	5244	367	21	2	48	25	8846	13,8
1970			13	8	57	26	674	1779	202	17	5692	382	27	2	64	20	8963	12,9
1971			10	14	56	12	1264	2130	165	24	5672	452	41	1	111	43	9995	13,6
1972	1		15	13	81	18	1466	1956	180	27	7378	513	67	3	124	40	11882	15,8
1973			8	13	57	15	1604	2287	193	17	7905	456	65	7	157	35	12819	16,6
1974			14	20	95	15	1657	2143	242	30	8107	406	59	6	230	38	13062	16,4
1975			20	16	115	14	1584	1947	207	31	8142	390	65	5	446	35	13017	15,9
1976			41	34	113	13	1613	1949	226	19	7737	405	50	3	734	48	12985	14,4
1977	2		29	27	102	8	1743	1797	187	11	8322	445	37		431	39	13180	15,20

Table VI.3 *NEW CASES OF S.T.D. IN TEENAGERS BY RACE GROUP, SEX AND DIAGNOSIS : 1977*

		WHITE			C, A & B			TOTAL RACE		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
AGE IN YEARS	13				3	3	6	3	3	6
	14				1	6	7	1	6	7
	15				10	9	19	10	9	19
	16				43	29	72	43	29	72
	17	3	2	5	48	53	101	51	55	106
	18	6	1	7	115	71	186	121	72	193
	19	5	1	6	115	100	215	120	101	221
	Total	14	4	18	335	271	606	349	275	624
DIAGNOSIS	Syphilis 1—8	2	2	4	211	207	418	213	209	422
	Gonorrhoea 9—11	11	2	13	112	56	168	123	58	181
	Other venereal Diseases 12—16	1		1	12	8	20	13	8	21
	Total	14	4	18	335	271	606	349	275	624

Table VI.4 *NUMBER OF CASES OF CONGENITAL SYPHILIS : 1972 – 1977*

		NEW CASES		
		Male	Female	Total
1972	Under 1 Year	12	9	21
	1 Year or over	4	4	8
	TOTAL	16	13	29
1973	Under 1 Year	6	11	17
	1 Year or over	2	2	4
	TOTAL	8	13	21
1974	Under 1 Year	7	15	22
	1 Year or over	7	5	12
	TOTAL	14	20	34
1975	Under 1 Year	17	9	26
	1 Year or over	3	7	10
	TOTAL	20	16	36
1976	Under 1 Year	39	27	66
	1 Year or over	2	7	9
	TOTAL	41	34	75
1977	Under 1 Year	25	21	46
	1 Year or over	6	6	12
	TOTAL	31	27	58

(Only 3 white cases were seen, one in the over one year age group in 1972 and 2 under 1 year in 1977).

Table VI.5 *NEW CASES AND INCIDENCE RATES BY RACE GROUP, SEX AND DIAGNOSIS (SEPARATELY) : 1976 – 1977*

	1976		1977	
	New cases	Incidence Rate	New cases	Incidence Rate
RACE:				
White	577	2,3	482	1,87
Coloured, Asiatic and Black	15392	26,1	15582	25,6
SEX:				
Male	12483	30,0	12648	29,5
Female	3486	8,2	3416	7,78
DISEASES:				
Syphilis	3688	4,4	3650	4,21
Syphilis, congenital	75	0,1	58	0,07
Gonorrhoea	8387	10,0	8965	10,3
Other Venereal diseases	835	1,0	507	0,58
TOTAL V.D. CASES	12985		13180	15,20
Non-venereal diseases	2984		2884	
Undiagnosed				

Table VI.6

NEW CASES OF, AND THE PERCENTAGE OF ALL CASES OF S.T.D. REPRESENTED BY, VENEREAL WARTS, NON-SPECIFIC URETHRITIS AND TOTAL S.T.D. OTHER THAN SYPHILIS OR GONORRHOEA BY RACE GROUP AND SEX : 1973 – 1977

	1973			1974			1975			1976			1977		
	No	% of total Other	% of total V.D.	No	% of total Other	% of total V.D.	No	% of total Other	% of total V.D.	No	% of total Other	% of total V.D.	No	% of total Other	% of total V.D.
WHITE MALE															
15 Venereal Warts	3	4,6	0,95	1	1,7	0,25	3	4,6	0,78	1	2,0	0,26	1	3	0,30
16 Non-Specific Urethritis	61	93,8	19,37	57	96,6	14,39	62	95,4	16,02	48	96,0	12,34	36	97	10,98
Total 'other' venereal disease	65	100	20,63	59	100	14,90	65	100	16,80	50	100	12,85	37	100	11,28
TOTAL S.T.D. Cases	315	—	100	396	—	100	387	—	100	389	—	100	328		100
WHITE FEMALE															
15 Venereal Warts	4	57,1	10,26	3	50,0	5,88	3	60,0	6,00						
16 Non-Specific Urethritis	3	42,9	7,69	3	50,0	5,88	2	40,0	4,00	3	100	8,57			
Total 'other' venereal disease	7	100	17,95	6	100	11,76	5	100	10,0	3	100	8,57			
TOTAL S.T.D. Cases	39	—	100	51	—	100	50	—	100	35	—	100	19		
COLOURED, ASIATIC AND BLACK MALE															
15 Venereal Warts	69	44,0	0,71	62	27,0	0,62	81	18,2	0,79	94	12,8	0,93	105	24	1,00
16 Non-Specific Urethritis	80	51,0	0,83	160	69,6	1,60	350	78,5	3,43	622	84,7	6,14	308	71	2,93
Total 'other' venereal disease	157	100	1,62	230	100	2,30	446	100	4,38	734	100	7,25	431	100	4,10
TOTAL S.T.D. Cases	9674	—	100	10008	—	100	10192	—	100	10125	—	100	10525		100
COLOURED, ASIATIC AND BLACK FEMALE															
15 Venereal Warts	32	91,4	1,15	33	86,8	1,27	30	85,7	1,26	39	81,3	1,60	24	62	1,04
16 Non-Specific Urethritis	2	5,7	0,07	5	13,2	0,19	4	11,4	0,17	8	16,7	0,33	5	13	0,22
Total 'other' venereal disease	35	100	1,25	38	100	1,46	35	100	1,47	48	100	1,97	39	100	1,69
TOTAL S.T.D. Cases	2791	—	100	2607	—	100	2388	—	100	2436	—	100	2308		100

Table VI.7 *SESSIONS HELD, NEW CASES SEEN AND TOTAL ATTENDANCES AT CLINICS : 1977*

CENTRE	SESSIONS		NEW CASES		ATTENDANCES	
	White	C, A & B	White	C, A & B	White	C, A & B
City Hospital, Portswood Road	137	201	402	898	1182	2445
Salt River	5	250		10116	9	18809
Wynberg	75	180	79	1797	169	4582
Kensington		50		152		721
Guguletu		29		239		841
Heideveld		96		508		1735
Silvertown		104		465		1969
Retreat		51		169		814
Langa		100		319		1077
Lavender Hill		47		172		576
Manenberg		79		142		618
Bonteheuwel		59		100		419
Hanover Park		49		66		299
Parkwood		14		16		53
Ante-natal clinics (at Community Health Centres)			1	423	3	1362
TOTAL						
TOTAL	217	1309	482	15582	1363	36320

Table VI.8 *SPECIAL EXAMINATIONS : 1977*

9344 blood specimens and 84 smears were sent to the Government laboratory for examination.

Table VI.9 *CONTACTS PRESENTING FOR EXAMINATION, BY RELATIONSHIP TO INDEX CASE AND DIAGNOSIS OF S.T.D. FOUND : 1977*

Contact	Total	Syphilis	Gonorrhoea	Other venereal diseases	Non venereal
Husband	25	15	5	1	4
Wife	59	22	33	1	3
Friend	153	65	74	1	13
Other					
TOTAL	237	102	112	3	20

Table VII.1 *ALPHEBETICAL LIST OF DISEASES MADE NOTIFIABLE BY OR UNDER THE PUBLIC HEALTH ACT.*

	DISEASE	LEGISLATIVE REFERENCES
	1 Anthrax	Sec. 18(1), Act 36 of 1919
	2 Brucellosis	Sec. 18(1), Act 36 of 1919
	3 Cholera, Asiatic (F.E.D.)	Sec. 18(1), Act 36 of 1919 Sec. 37, Act 36 of 1919 and No. R.2093 of 15 November 1974
	4 Diphtheria or Membranous Croup	Sec. 18(1), Act 36 of 1919
*	5 Encephalitis, Infective	G.N. 1526 of 24 August 1920
**	6 Enteric or Typhoid Fever	Sec. 18(1), Act 36 of 1919
	7 Epidemic Cerebro-spinal Meningitis or Cerebro-spinal Fever	Sec. 18(1), Act 36 of 1919
	8 Erysipelas	Sec. 18(1), Act 36 of 1919
	9 Glanders	Sec. 18(1), Act 36 of 1919
	10 Hepatitis, Viral	R.869 of 30 May 1969
	11 Insecticides and Other Pesticides, Poisoning due to...	R.253 of 20 February 1970
	12 Lead Poisoning..	G.N. 1752 of 25 September 1929
	13 Leprosy	Sec. 18(1), Act 36 of 1919
	14 Malaria	G.N. 2081 of 9 November 1956
	15 Ophthalmia, Gonorrhoeal	G.N. 1629 of 3 December, 1919
	15 Ophthalmia Neonatorum	G.N. 1629 of 3 December, 1919
	16 Plague (F.E.D.)	Sec. 18(1), Act 36 of 1919 Sec. 37, Act 36 of 1919 and No. R1827 of 22 November 1963
	17 Poliomyelitis, Acute	Sec. 18(1), Act 36 of 1919
***	18 Puerperal Fever	Sec. 18(1), Act 36 of 1919
	19 Rabies	Sec. 18(1), Act 36 of 1919
	20 Relapsing Fever	G.N. 1117 of 7 July 1944
	21 Scarlatina or Scarlet Fever	Sec. 18(1), Act 36 of 1919
	22 Sleeping Sickness or Human Trypanosomiasis (F.E.D.)	Sec. 18(1), Act 36 of 1919 Sec. 37, Act 36 of 1919 and No. R.94 of 24 January 1964
o	23 Smallpox (F.E.D.)	Sec. 18(1), Act 36 of 1919, Sec. 37, Act 36 of 1919 and No. 1826 of 22 November 1963
	24 Tetanus	G.N. 1969 of 4 December 1964
	25 Trachoma	G.N. 1577 of 14 September 1925
oo	26 Tuberculosis	Sec. 18(1), Act 36 of 1919
ooo	27 Typhus Fever (F.E.D.)	Proc. 170 of 1919 and No. R.1828 of 22 November 1963
	28 Whooping Cough	R.4368 of 28 April 1950 (locally)
	29 Yellow Fever (F.E.D.)	G.N. 1629 of 3 December 1919

* (which term shall be deemed to mean and include Acute Encephalitis Lethargica, Acute Polio-encephalitis and all other forms of Acute Encephalitis of similar causation).

** (including Paratyphoid Fever).

*** (including septicaemia, pyaemia, septic pelvic cellulitis or other serious septic condition occurring during the puerperal state).

o (which term shall be deemed to include the form known as "amaas" or kaffir-pox and any diseases resembling small-pox, except chicken-pox).

oo (all forms of tuberculosis, except pulmonary or meningeal tuberculosis diagnosed otherwise than on the result of radiological or laboratory examination, but including tuberculosis evidenced by positive reaction to the tuberculin test in a child under the age of five years to whom B.C.G. vaccine has not been administered).

ooo (Typhus Fever was made a Formidable Epidemic Disease for the purposes of Act 36 of 1919 by this Proclamation).

(F.E.D. = Formidable Epidemic Disease, vide Secs. 37–46. Act 36 of 1919).

Table VII.2 NUMBERS OF CASES OF NOTIFIABLE DISEASES BY RACE : 1977

	NOTIFICATIONS								DEATHS				
	White	Coloured	Asiatic	Blacks				Total	White	Coloured	Asiatic	Blacks	Total
				Langa	Guguletu	City	Total Blacks						
Tuberculosis (All Forms)*	74	1224	7	652	599	80	1331	2636	9	78	2	76	165
Cerebrospinal Fever	2	108	1	7	6	4	17	128		17		5	22
Viral Hepatitis	44	68	3	4	2		6	121		2.	1	1	4
Typhoid or Enteric Fever**	6	17	3	7	4		11	37				1	1
Whooping Cough		16			3		3	19		1			1
Scarlet Fever	14	3						17					
Opthalmia Neonatorum		7		3	4		7	14					
Acute Poliomyelitis		1		2	1		3	4					
Puerperal Fever		4						4					
Erysipelas	2							2					
Tetanus		1			1		1	2		1			1
Diphtheria		1			1		1	2					
Leprosy		1						1					
TOTAL	142	1451	15	675	621	84	1380	2987	9	99	3	83	194

* Including 487 cases of imported infection in residents of less than six months standing (8 Whites, 105 Coloureds and 374 Blacks)

** Including 17 cases of imported infection in residents (2 Whites, 4 Coloureds, 3 Asiatics and 8 Blacks).

Table VII. 3 *NOTIFICATIONS OF INFECTIOUS DISEASES CLASSIFIED BY RACE GROUP AND MONTH OF NOTIFICATION : 1977*

(LOCAL CASES ONLY)

PERIOD	Tuberculosis respiratory					Tuberculosis other forms					Enteric					Diphtheria					Scarlet Fever					Cerebrospinal Fever					Erysipelas				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January	4	72		74	150		3		3	6		4			4												3			3					
February	7	64		78	149		5		6	11											2				2	1	11		2	14					
March	6	107		89	202		2		1	3				2	2						2	1			3		5		1	6					
April	7	86	1	62	156		2		4	6							1			1		1			1		6			6					
May	4	61		65	130	2	2		4	8		1			1				1	1	2	1			3		7		1	8					
June	5	84		61	150		3		3	6				1	1						1				1		6		1	7					
July	3	86	2	65	156		1		3	4																1	19		3	23					
August	5	109		78	192		9		11	20	1				1						2				2		18		2	20					
September	8	112	1	95	216	1	5		2	8	2	7			9						1				1		8		4	12					
October	6	112	1	92	211		2		1	3	1	1			2						3				3		13		2	15		1			1
November	7	110		92	209		5	1		6											1				1		9			9					
December	1	77	1	67	146				1	1																	3	1	1	5					
YEAR	63	1080	6	918	2067	3	39	1	39	82	4	13		3	20		1		1	2	14	3			17	2	108	1	17	128		1			1

PERIOD	Acute Poliomyelitis					Ophthalmia					Puerperal Fever					Tetanus					Whooping cough					Viral Hepatitis					Leprosy				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January				1	1		1		1	2							1			1						4	5		1	10					
February				1	1		2		1	3		1			1											1	9		1	11					
March							1			1		2			2							1			1	6	8			14					
April				1	1				1	1									1	1						5	4	2		11	1				1
May		1			1				1	1																1	7		1	9					
June							1		2	3																5	3		1	9					
July																						3			3	2	3			5					
August							1			1												2		1	3	11	12	1	1	25					
September																						1			1	3	5			8					
October												1			1							4			4	2	6			8					
November									1	1												1		2	3	3	4		1	8					
December							1			1												4			4	1	2			3	1				1
YEAR		1		3	4		7		7	14		4			4		1		1	2		16		3	19	44	68	3	6	121	2				2

W = White; C = Coloured; A = Asiatic; B = Blacks

Table VII.4 *NOTIFICATIONS OF INFECTIOUS DISEASES CLASSIFIED BY RACE GROUP AND AGE-GROUP : 1977*

(LOCAL CASES ONLY)

AGE-GROUPS	Tuberculosis respiratory								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year	2	1	22	20			26	20	91
1 — 2 years	1	2	29	31	1		35	30	129
2 — 4 years	1	1	80	77	1		39	62	261
5 — 9 years			54	80			40	28	202
10 — 14 years			15	32			10	24	81
15 — 24 years	2	3	73	104	1		45	68	296
25 — 34 years	1	6	81	69	1	1	83	44	286
35 — 44 years	5	5	78	50			100	35	273
45 — 54 years	4	7	74	28			106	13	232
55 — 64 years	9	3	39	15	1		62	8	137
65 — 74 years	4	2	17	3			21	5	52
75 — 84 years	1	1	3	2			2	3	12
85 years and over	1	1							2
Unknown			2	2			8	1	13
TOTAL	31	32	567	513	5	1	577	341	2067

AGE-GROUPS	Tuberculosis other forms								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year			2	1			1	1	5
1 — 2 years				1			3	1	5
2 — 4 years			3				1	2	6
5 — 9 years			4	2			1	1	8
10 — 14 years			1	1				1	3
15 — 24 years			1	4	1		2	4	12
25 — 34 years				9				3	12
35 — 44 years		1		2			1	3	7
45 — 54 years	1			3			3		7
55 — 64 years			1				3	1	5
65 — 74 years		1	1				1		3
75 — 84 years			1						1
85 years and over									
Unknown				2			5	1	8
TOTAL	1	2	14	25		1	21	18	82

AGE-GROUPS	Enteric								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year								1	1
1 — 2 years									
2 — 4 years			2				1		3
5 — 9 years	1			1					2
10 — 14 years			1						1
15 — 24 years			1	3					4
25 — 34 years	1		1	1				1	4
35 — 44 years				1					1
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown	2			2					4
TOTAL	4		5	8			1	2	20

AGE-GROUPS	Diphtheria								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years			1						
2 — 4 years									
5 — 9 years							1		1
10 — 14 years									
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL			1				1		2

AGE-GROUPS	Scarlet Fever								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years		1							1
2 — 4 years	1	2		2					5
5 — 9 years	5	3		1					9
10 — 14 years		2							2
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL	6	8		3					17

AGE-GROUPS	Malaria								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years									
2 — 4 years									
5 — 9 years									
10 — 14 years									
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL									

AGE-GROUPS	Cerebrospinal Fever								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year	1		18	14			3	2	38
1 — 2 years			11	6				2	19
2 — 4 years		1	10	9			2	3	25
5 — 9 years			10	8		1	1	1	21
10 — 14 years			5	7					12
15 — 24 years				3				1	4
25 — 34 years			1						1
35 — 44 years				2			1		3
45 — 54 years								1	1
55 — 64 years									
65 — 74 years				1					1
75 — 84 years									
85 years and over									
Unknown			1	2					3
TOTAL	1	1	56	52		1	7	10	128

AGE-GROUPS	Erysipelas								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years									
2 — 4 years									
5 — 9 years									
10 — 14 years									
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years		2							2
75 — 84 years									
85 years and over									
Unknown									2
TOTAL		2							2

AGE-GROUPS	Acute poliomyelitis								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year							1		1
1 — 2 years				1				1	2
2 — 4 years								1	1
5 — 9 years									
10 — 14 years									
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL				1			1	2	4

AGE-GROUPS	Ophthalmia								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year				7			3	4	14
1 — 2 years									
2 — 4 years									
5 — 9 years									
10 — 14 years									
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL				7			3	4	14

AGE-GROUPS	Puerperal fever								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years									
2 — 4 years									
5 — 9 years									
10 — 14 years									
15 — 24 years				4					4
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL				4					4

AGE-GROUPS	Tetanus								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years									
2 — 4 years							1		
5 — 9 years									
10 — 14 years									
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years			1						
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL			1				1		

AGE-GROUPS	Leprosy								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years									
2 — 4 years									
5 — 9 years									
10 — 14 years									
15 — 24 years			1						
25 — 34 years									1
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL			1						1

AGE-GROUPS	Whooping cough								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year			2	8			2		12
1 — 2 years			1	1					2
2 — 4 years			1	1				1	3
5 — 9 years			2						2
10 — 14 years									
15 — 24 years									
25 — 34 years									
35 — 44 years									
45 — 54 years									
55 — 64 years									
65 — 74 years									
75 — 84 years									
85 years and over									
Unknown									
TOTAL			6	10			2	1	19

AGE-GROUPS	Viral Hepatitis								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year									
1 — 2 years			2						2
2 — 4 years			9	6			1		16
5 — 9 years	1	4	7	9					21
10 — 14 years	4	3	5	3	1	1			17
15 — 24 years	5	4	2	9				1	21
25 — 34 years	7	3	3	5	1			1	20
35 — 44 years	3	1	1	3					8
45 — 54 years		2		1			1		4
55 — 64 years	2	2	1				1	1	7
65 — 74 years		2		1					3
75 — 84 years									
85 years and over									
Unknown		1		1					2
TOTAL	22	22	30	38	2	1	3	3	121

Table VII.5

NOTIFICATIONS OF INFECTIOUS DISEASES CLASSIFIED BY RACE GROUP AND WARDS, ETC : 1977

Wards of the City etc.	Tuberculosis respiratory system			Tuberculosis other forms			Enteric Fever			Diphtheria			Scarlet Fever			Cerebrospinal Fever		
	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total
1.	2	4	6										1		1			
2.	4	13	17														5	5
3.		2	2										1		1			
4.	5	34	39		1	1								1	1		1	1
5.	4	14	18															
6.		6	6															
7.		2	2														1	1
8.	6	51	57		1	1											4	4
9.	8	140	148		2	2							1		1	1	7	8
10.	4	7	11	2		2	4	8	12				1		1			
11.	5	7	12										1		1	1	2	3
12.		2	2										2		2			
13.	4	1360	1364		56	56		8	8		1	1	3		3		83	83
14.	3	12	15	1		1					1	1	2		2			
15.	7	16	23		2	2							1		1			
16.	10	78	88		2	2							1		1		4	4
17.	1	253	254		15	15								2	2		19	19
Not Allocated		3	3															
TOTAL	63	2004	2067	3	79	82	4	16	20		2	2	14	3	17	2	126	128
Imported Infection	8	467	475		12	12	2	15	17									
Direct Removals																		
*Guguletu		489			19			2									6	
*Langa		382			16			1									7	

W = White; C = Coloured; A = Asiatic; B = Blacks
* Included in Main Table

Table VII.5 Continued *NOTIFICATIONS OF INFECTIOUS DISEASES CLASSIFIED BY RACE GROUP AND WARDS, ETC : 1977*

Wards of the City etc.	Acute Poliomyelitis			Ophthalmia			Puerperal Fever			Tetanus			Leprosy			Whooping cough			Erysipelas			Viral Hepatitis		
	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total	W	C, A & B	Total
1.																						3		3
2.																						4		4
3.																						4		4
4.																						3	2	5
5.					1	1													1		1	8		8
6.																							1	1
7.																								
8.					1	1																2	4	6
9.					1	1											2	2				2	4	6
10.																						3	2	5
11.																						3		3
12.																	1	1				2		2
13.		4	4		11	11		1	1		1	1					11	11				3	53	56
14.																	1	1	1		1	2	2	4
15.																							2	2
16.																						3	2	5
17.							3	3		1	1		1	1			4	4				2	5	7
Not Allocated																								
TOTAL		4	4		14	14		4	4		2	2		1	1		19	19	2		2	44	77	121
Imported Infection																								
Direct Removals																								
* Guguletu		1			4						1						3						2	
*Langa		2			3																		4	

W = White; C = Coloured; A = Asiatic; B = Blacks
* Included in Main Table

Table VII.6

NOTIFICATIONS, DEATHS, INCIDENCE RATES PER 100 000 POPULATION AND DEATH RATES PER 100 000 POPULATION OF CERTAIN INFECTIOUS DISEASES BY RACE GROUP : 1967 –1977

YEAR	CEREBROSPINAL FEVER								TYPHOID OR ENTERIC FEVER								DIPHTHERIA							
	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B	W	C, A & B
1967	20	267		29	9,54	60,53		6,57	3	24			1,43	5,44			2	9			0,95	2,04		
1968	13	140	2	10	6,13	31,47	0,94	2,25		10		1		2,25		0,22	1	9			0,47	2,02		
1969	8	89		9	3,73	19,26		1,95		4				0,87				11		1		2,38		0,22
1970	13	48	1	7	5,99	10,06	0,46	1,47	1	19			0,46	3,98			1	3			0,46	0,63		
1971	5	47		3	2,12	9,40		0,60	1	19		1	0,42	3,80		0,20		6				1,20		
1972	8	50		6(10)	3,35	9,74		1,95	1	16			0,42	3,12				5		1(2)		0,97		0,39
1973	5	41	1	4	2,06	7,76	0,41	0,76		10				1,89			3	3			1,24	0,57		
1974	16	74		1	6,50	13,47		0,18	1	19			0,41	3,46				5		2		0,91		0,36
1975	10	62		5	4,00	10,90		0,88		15				2,64				11		1		1,93		0,18
1976	11	109	3	20	4,34	18,50	1,18	3,40	1	8			0,39	1,36				9		1		1,53		0,17
1977	2	126		22	0,78	20,67		3,61	4	16		1	1,55	2,62		0,16		2				0,33		

	VIRAL HEPATITIS								INFECTIVE ENCEPHALITIS								ACUTE POLIOMYELITIS							
1967										3		3		0,68		0,68	1	2	1		0,48	0,45	0,48	
1968										1		1		0,22		0,22	1	16		1	0,48	3,60		0,22
* 1969	64	51	3	5	50,9	18,8	2,3	1,9		3		3		0,65		0,65		1				0,22		
1970	44	43	1	3	20,27	9,01	0,46	0,63	2	1	2	1	0,92	0,21	0,92	0,21		3				0,63		
1971	68	107		2	28,87	21,39		0,40										2				0,40		
1972	80	127	1(2)	1(2)	33,47	24,74	0,84	0,39									1	10			0,42	1,95		
1973	48	64	1	5	19,79	12,12	0,41	0,95		3		2		0,57		0,38		4				0,76		
1974	30	74	2	8	12,19	13,47	0,81	1,46										5				0,91		
1975	30	69	2	2	12,01	12,13	0,80	0,35										6				1,05		
1976	28	74		3	11,05	12,56		0,51										6				1,02		
1977	44	77		4	17,10	12,63		0,66										4				0,66		

* As from 30 May 1969

	SCARLET FEVER								TETANUS AND TETANUS NEONATORUM								WHOOPING COUGH							
1967	16	5			7,63	1,13				6		2		1,36		0,45	6	21		2	2,86	4,76		0,45
1968	18	8			8,49	1,80				3		1		0,67		0,22	2	22		4	0,94	4,94		0,90
1969	27	9			12,59	1,95				4		3		0,87		0,65	6	8			2,80	1,73		
1970	19	5			8,75	1,05				4				0,84			7	22		3	3,23	4,61		0,63
1971	57	10			24,20	2,00			1	3			0,42	0,60			15	17		1	6,37	3,40		0,20
1972	32	12			13,39	2,34			1	6		1	0,42	1,17		0,19	9	15		2(3)	3,76	2,92		0,58
1973	7	9			2,89	1,70				3		2		0,57		0,38	3	19		2	1,24	3,60		0,38
1974	3	5			1,22	0,91				4		1		0,73		0,18	13	24		3	5,28	4,37		0,55
1975	4	9			1,60	1,58				3		2		0,53		0,35	4	16			1,60	2,81		
1976	93	7			36,68	1,19				2		1		0,34		0,17	1	14			0,39	2,38		
1977	14	3			5,44	0,49				2		1		0,33		0,16		19		1		3,12		0,33

Table VII.7 *CEREBROSPINAL FEVER NOTIFICATIONS BY MONTH : 1973 – 1977*

	January	February	March	April	May	June	July	August	September	October	November	December	Year
1973	7	3	3	3	1	4	8	5	3	4	1	4	46
1974	3	2	2	4	3	6	13	11	14	13	14	5	90
1975	5	4	1	3	5	7	8	6	8	11	11	3	72
1976	6	6	5	6	7	8	19	19	20	10	8	6	120
1977	3	14	6	6	8	7	23	20	12	15	9	5	128
TOTAL	24	29	17	22	24	32	71	61	57	53	43	23	456
Average	5	6	3	4	5	6	14	12	11	11	9	5	91

Table VII.8 *NOTIFICATIONS RECEIVED OF NOTIFIABLE DISEASES IN MUNICIPAL RESIDENTS (INCLUDING IMPORTED INFECTIONS) : 1968 – 1977*

	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977
Anthrax										
Brucellosis (Malta Fever)										
Cholera, (Asiatic)										
Diphtheria or Membranous croup	10	11	4	6	5	6	5	11	9	2
Encephalitis, Infective	1	3	3			3				
Enteric or Typhoid Fever	10	4	20	20	17	10	20	15	9	37
Epidemic Cerebrospinal Fever	153	97	61	52	58	42	90	72	120	128
Erysipelas	3	2	3	2	1					2
Glanders										
Hepatitis, Viral		115	87	175	207	112	104	99	120	121
Insecticidal/Pesticidal poisoning					1				1	
Lead Poisoning										
Leprosy	1	2		2			1		2	1
Malaria				1	1					
Ophthalmia Neonatorum/Gonococcal	261	189	123	89	32	36	50	18	18	14
Plague										
Poliomyelitis, Acute	17	1	3	2	11	4	5	6	6	4
Puerperal Fever	1		8	1	3	1	1		1	4
Rabies										
Relapsing Fever										
Scarlet Fever	26	36	24	67	44	16	8	13	100	17
Sleeping Sickness (Trypanosomiasis)										
Smallpox										
Tetanus	3	4	4	4	7	3	4	3	2	2
Trachoma										
Tuberculosis (all forms)	2245	2127	2307	2321	2263	2516	2687	2742	2635	2636
Typhus Fever			1							
Whooping Cough	24	14	29	32	24	22	37	20	15	19
Yellow Fever										

Table VIII.1 *DAILY AVERAGE NUMBER OF BEDS OCCUPIED, BY RACE GROUP, DIAGNOSIS AND RESIDENTIAL STATUS OF THE PATIENTS : 1977*

DISEASE	FROM CAPE TOWN MUNICIPALITY				FROM OUTSIDE MUNICIPALITY				TOTAL
	W	C	A	B	W	C	A	B	
Measles	0,3	7,3		6,8	0,6	6,5		4,7	26,2
Acute poliomyelitis	0,0			0,3	0,0	0,3		0,2	0,8
Cerebrospinal fever	0,0	3,1		0,6	0,1	4,5		0,2	8,4
Diphtheria		0,2		0,0		0,1		0,0	0,3
Enteric fever	0,5	2,4	0,1	0,9		2,9		1,0	7,6
Scarlet fever									
Whooping cough		1,0		1,0	0,1	0,4			1,6
Tuberculosis, pulmonary	4,7	48,9		74,7	3,4	14,7		11,0	157,4
Tuberculosis, other forms	0,7	6,0		9,4	0,4	10,8		5,0	32,3
Leprosy		0,1							0,1
V.D.		0,0							0,0
Viral Hepatitis	0,1	0,1				0,0			0,3
Infective Encephalitis									
Other diseases	0,1	0,8		0,3	0,2	0,7		0,6	2,7
TOTAL	6,5	69,8	0,1	93,2	4,8	40,8		22,5	237,7

The average daily number of patients in the hospital was 238.

Table VIII.2 *ADMISSIONS, DISCHARGES AND DEATHS BY RACE AND SEX : 1977*

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL
	M	F	M	F	M	F	M	F	
Patients in hospital 31 December, 1976	9	4	23	52			35	70	193
Admitted	92	41	471	643	1		272	433	1953
Discharged	90	42	454	601	1		255	399	1842
Died	4		13	17			10	12	56
In hospital 31 December 1977	7	3	27	77			42	92	248

Table VIII.3 *AGE DISTRIBUTION OF PATIENTS IN THE HOSPITAL AT THE BEGINNING OF THE YEAR OR ADMITTED DURING THE YEAR : 1977*

	AGE GROUPING OF PATIENTS					
	UNDER 5 YEARS	5 — 14 YEARS	15 — 24 YEARS	25 — 44 YEARS	OVER 45 YEARS	TOTAL
White	58	15	11	22	40	146
Coloured	779	144	116	107	43	1189
Asiatic			1			1
Black	533	50	72	110	45	810
TOTAL	1370	209	200	239	128	2146

Table VIII.4 *TUBERCULOSIS, PULMONARY : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS: AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
	WHITE	Male	1					1	6	7	9	6	5		1		36
		Female						3	1	2	2	2	3		1		14
		TOTAL	1					4	7	9	11	8	8		2		50
		Deaths											2				2
	COLOURED	Male	9	16	17	4											46
		Female	16	11	20	7	7	64	48	22	18	5	2	2			222
		TOTAL	25	27	37	11	7	64	48	22	18	5	2	2			268
		Deaths	1		1		1	2			1	1		1			8
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male	10	19	25	1											55
		Female	16	14	25	10	11	58	40	29	15	14	8	1			241
		TOTAL	26	33	50	11	11	58	40	29	15	14	8	1			296
		Deaths	1		1	1					2		2				7

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE	9	5	5	3	1	2	4	6	2	4	7	2	50
COLOURED	31	26	22	19	19	30	20	22	20	23	16	20	268
ASIATIC													
BLACK	23	33	24	8	26	20	23	29	27	31	26	26	296
TOTAL	63	64	51	30	46	52	47	57	49	58	49	48	614
DEATHS	4	3		1	2	2		2		2	1		17

Table VIII.5 *MILIARY TUBERCULOSIS : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
MILIARY TUBERCULOSIS	WHITE	Male															
		Female							1								1
		TOTAL							1								1
		Deaths															
	COLOURED	Male	4														4
		Female	7	1													8
		TOTAL	11	1													12
		Deaths	3														3
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male		1													1
		Female	2	1				1									4
		TOTAL	2	2				1									5
		Deaths															

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE		1											1
COLOURED					1	2	2		3	3		1	12
ASIATIC													
BLACK			1	1					1			2	5
TOTAL		1	1	1	1	2	2		4	3		3	18
DEATHS							2					1	3

Table VIII.6 *TUBERCULOUS MENINGITIS : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS		Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
WHITE	Male									1						1
	Female															
	TOTAL									1						1
	Deaths															
COLOURED	Male	4	3	7	1											15
	Female	3	3	7	3											16
	TOTAL	7	6	14	4											31
	Deaths	3	1	1												5
ASIATIC	Male															
	Female															
	TOTAL															
	Deaths															
BLACK	Male	5	3	2	2											12
	Female	2	1	3			1		1							8
	TOTAL	7	4	5	2		1		1							20
	Deaths															

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE	–				1								1
COLOURED	1		3	3	3	4	1	2	6	2	4	2	31
ASIATIC													
BLACK	2	2		2	2	3	2	3	1		1	2	20
TOTAL	3	2	3	5	6	7	3	5	7	2	5	4	52
DEATHS					1	2					2		5

Table VIII.8 *MEASLES : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
MEASLES	WHITE	Male	4	9	16	4	2										35
		Female	2	8	6												16
		TOTAL	6	17	22	4	2										51
		Deaths															
	COLOURED	Male	92	79	45	9	1		1		1						228
		Female	68	81	58	14	1		1								223
		TOTAL	160	160	103	23	2		2		1						451
		Deaths	6	4	1												11
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male	65	52	30												147
		Female	53	43	32	1											129
		TOTAL	118	95	62	1											276
		Deaths	7	6													13

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE						5	6	8	10	8	13	1	51
COLOURED	13	2	20	28	61	59	63	53	51	50	37	14	451
ASIATIC													
BLACK	7	14	13	22	25	20	30	26	32	29	36	22	276
TOTAL	20	16	33	50	86	84	99	87	93	87	86	37	778
DEATHS		1	3		1	2	3	1	1	7	5		24

Table VIII.9 CEREBROSPINAL FEVER : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
CEREBROSPINAL FEVER	WHITE	Male		1		1	1										3
		Female		1													1
		TOTAL		2		1	1										4
		Deaths															
	COLOURED	Male	34	16	16	20	5	1	1	2	2						97
		Female	22	9	18	13	11	8	2	2				1			86
		TOTAL	56	25	34	33	16	9	3	4	2			1			183
		Deaths	1														1
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male	5		2	1	1										9
		Female	2	2	2	2					1						9
		TOTAL	7	2	4	3	1				1						18
		Deaths	1														1

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE	1						1					2	4
COLOURED	7	12	8	7	14	18	30	23	21	21	13	9	183
ASIATIC													
BLACK		2	1		1		3	4	3	2		2	18
TOTAL	8	14	9	7	15	18	34	27	24	23	13	13	205
DEATHS							1	1					2

Table VIII.10 *ACUTE POLIOMYELITIS : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
ACUTE POLIOMYELITIS	WHITE	Male			1												1
		Female															
		TOTAL			1												1
		Deaths															
	COLOURED	Male		1													1
		Female	1	1	1	1											4
		TOTAL	1	2	1	1											5
		Deaths															
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male	1		1												2
		Female	1	1	1												3
		TOTAL	2	1	2												5
		Deaths															

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE		1											1
COLOURED		2	1		1		1						5
ASIATIC													
BLACK	1	1			1	1	1						5
TOTAL	1	4	1		2	1	2						11
DEATHS													

Table VIII.11 TYPHOID FEVER : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
TYPHOID OR ENTERIC FEVER	WHITE	Male			1	1			1	1							4
		Female			1			1									2
		TOTAL			2	1		1	1	1							6
		Deaths															
	COLOURED	Male			4	2	6	6	2	2	1						23
		Female			1	5	2	7	2	1						2	20
		TOTAL			5	7	8	13	4	3	1					2	43
		Deaths															
	ASIATIC	Male					1										1
		Female			1					1							2
		TOTAL			1		1			1							3
		Deaths															
	BLACK	Male			1	4	2	2	1	1	1						12
		Female	2					1	1	3		1					8
		TOTAL	2		1	4	2	3	2	4	1	1					20
		Deaths									1						1

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE							1	2	2	1			6
COLOURED	9	3	2	5	6	5	2		7	2	1	1	43
ASIATIC						1			1	1			3
BLACK	1	1	7	2	2	1		2		3	1		20
TOTAL	10	4	9	7	8	7	3	4	10	7	2	1	72
DEATHS					1								1

Table VIII.12 *DIPHTHERIA : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
DIPHTHERIA	WHITE	Male															
		Female															
		TOTAL															
		Deaths															
	COLOURED	Male	1		1												2
		Female	2														2
		TOTAL	3		1												4
		Deaths															
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male		1		1											2
		Female															
		TOTAL		1		1											2
		Deaths															

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE													
COLOURED					2		1				1		4
ASIATIC													
BLACK					1					1			2
TOTAL					3		1			1	1		6
DEATHS													

Table VIII.13 *WHOOPING COUGH : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
WHOOPING COUGH	WHITE	Male	1														1
		Female	1														1
		TOTAL	2														2
		Deaths															
	COLOURED	Male	4	3	1	2											10
		Female	9		5												14
		TOTAL	13	3	6	2											24
		Deaths															
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male	2														2
		Female	1	1													2
		TOTAL	3	1													4
		Deaths															

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE												2	2
COLOURED	1	1					3	2	3	4	2	8	24
ASIATIC													
BLACK		1						1			1	1	4
TOTAL	1	2					3	3	3	4	3	11	30
DEATHS													

Table VIII.14 *CHICKEN POX : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS			Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
CHICKEN POX	WHITE	Male			1		1										2
		Female				2		1									3
		TOTAL			1	2	1	1									5
		Deaths															
	COLOURED	Male	6	5	5	4	1	1	1								23
		Female	4	3	3	4		2				1					17
		TOTAL	10	8	8	8	1	3	1			1					40
		Deaths	1		1							1					3
	ASIATIC	Male															
		Female															
		TOTAL															
		Deaths															
	BLACK	Male	3	1	1	2											7
		Female	3	1	1	1						1					7
		TOTAL	6	2	2	3						1					14
		Deaths															

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE							2	1		2			5
COLOURED	1	5	5	2	3	4	2	3	4	5	3	3	40
ASIATIC													
BLACK		2	2		1	2			1	3	2	1	14
TOTAL	1	7	7	2	4	6	4	4	5	10	5	4	59
DEATHS			1					1				1	3

Table VIII.15 *PATIENTS ADMITTED WITH 'OTHER DISEASES' : 'AGE–RACE–SEX DISTRIBUTION OF ADMISSIONS; AND ADMISSIONS BY MONTH AND RACE' : 1977*

a) AGE-GROUPS		Under 1 year	1 year	2—4 years	5—9 years	10—14 years	15—24 years	25—34 years	35—44 years	45—54 years	55—64 years	65—74 years	75—84 years	85 years and over	Unknown	TOTAL
WHITE	Male			2	2	1	1					1				7
	Female					1		1			1					3
	TOTAL			2	2	2	1	1			1	1				10
	Deaths															
COLOURED	Male	2	3	3	1		5	1								15
	Female	2	2	3	4	1	3	1		1						17
	TOTAL	4	5	6	5	1	8	2		1						32
	Deaths															
ASIATIC	Male															
	Female															
	TOTAL															
	Deaths															
BLACK	Male	4	2	1	1											8
	Female			2		1	1	2	1							7
	TOTAL	4	2	3	1	1	1	2	1							15
	Deaths															

b) PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
WHITE				1	1				2	2	4		10
COLOURED	3	2	2	2	1	1	6	5	2	3	2	3	32
ASIATIC													
BLACK						2	1	1		8	2	1	15
TOTAL	3	2	2	3	2	3	7	6	4	13	8	4	57
DEATHS													

Table VIII.16 *ADMISSIONS OF LANGA AND GUGULETU RESIDENTS SUFFERING FROM CERTAIN CONDITIONS TO CITY HOSPITAL : 1977*

DIAGNOSIS	CASES			
	LANGA	GUGULETU	TOTAL	
Tuberculosis	122	158	280	Notifiable
Meningococcal Infection	4	4	8	
Typhoid	7	4	11	
Hepatitis	5	2	7	
Whooping Cough	1	4	5	
Diphtheria	—	1	1	
Poliomyelitis	2	1	3	
Measles	73	91	164	Not Notifiable
Chicken pox	2	2	4	
Mumps	—	1	1	

Table VIII.17 *CLINICAL ROOM AND X-RAY DEPARTMENT ATTENDANCES AND PROCEDURES : 1977*

	WHITE	C, A & B	TOTAL
CLINICAL ROOM:			
Surgical consultations	4	158	162
Mantoux tests	8	137	145
Schick tests			
Special injections (bronchograms)		1	1
Other injections and examinations	76	581	657
X-RAY DEPARTMENT:			
X-Rays	501	5775	6276
Bronchograms		1	1
Tomograms	6	7	13
Special X-Rays		17	17
Dental		37	37
C C C Patients	4	15	19
C D C Patients	10	1	11
C D C X-Rays			

Table IX.1 *REVENUE AND ATTENDANCES (EXCLUDING SERVICES FOR SCHOOL-CHILDREN PROVIDED ON BEHALF OF OTHER AUTHORITIES): 1973 – 1977*

	1973	1974	1975	1976	1977
Revenue from fees	R30 095,47	R28 663,59	R34 205,62	R42 685,37	R35 596,79
New Attendances	26036	23124	22468	17850	14148
Total Attendances	48313	45006	38048	36473	32358
Number of General Sessions	2846	2736	2601	2304	2188
Average Revenue Per Patient	R 1,16	R 1,24	R 1,52	R 2,39	R 2,52
Average Revenue Per Attendance	R 0,62	R 0,64	R 0,90	R 1,17	R 1,10
Revenue per Session	R10,57	R10,48	R13,15	R18,53	R16,27

Table IX.2

ATTENDANCES AND TREATMENT GIVEN, BY RACE GROUP AND CLINIC OR OTHER POINT OF CARE; ADULTS, CHILDREN AND SCHOOL CHILDREN : 1977

CENTRE		SESSIONS	ATTENDANCES										EXTRACTIONS PERSONS					FILLINGS PERSONS					EXAMINATIONS AND OTHER DENTAL TREATMENT				
			NEW					TOTAL																			
			W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Hope Street	General Adults	1333	729	2927	5	1486	5147	2591	7987	7	3264	13849	267	1475	2	1053	2797	261	195	1	43	500	2073	6559	4	2196	10832
	Children		392	855		368	1615	1074	1906	1	635	3616	326	823	1	340	1490	177	103		11	291	668	1091		1373	3132
	School Children	163	82	438			520	462	1328			1790	101	1078			1179	278				278	123	250			373
	TOTAL	1496	1203	4220	5	1854	7282	4127	11221	8	3899	19255	694	3376	3	1393	5466	716	298	1	54	1069	2864	7900	4	3569	14337
Maitland	General Adults	65	13	114		1	128	42	202		6	250	29	88		5	122						10	117		1	128
	Children		28	386			414	41	780			821	16	378			394						28	402			430
	School Children	37		311			311		718			718		562			562							156			156
	TOTAL	102	41	811		1	853	83	1700		6	1789	45	1028		5	1078						38	675		1	714
Silvertown	General Adults	170		455		3	458		811		3	814		356		1	357							455		2	457
	Children			1570	6	4	1580		2868	22	5	2895		1295	16	1	1312							1573	6	4	1583
	School Children	58		406			406		1024			1024		895			895							129			129
	TOTAL	228		2431	6	7	2444		4703	22	8	4733		2546	16	2	2564							2157	6	6	2169
Wynberg	General Adults	57	9	53		20	82	11	96		28	135	3	43		9	55						8	53		19	80
	Children		21	171		4	196	19	301		8	328	7	121		4	132						13	180		4	197
	School Children	29		132			132		517			517		444			444							73			73
	TOTAL	86	30	356		24	410	30	914		36	980	10	608		13	631						21	306		23	350
Retreat	General Adults	98		446		5	451		734		5	739		285		2	287							449		3	452
	Children			830	2	1	833		1467	9	2	1478		642	7	1	650							835	2	1	838
	School Children	6		56			56		96			96		84			84							12			12
	TOTAL	104		1332	2	6	1340		2297	9	7	2313		1011	7	3	1021							1296	2	4	1302
Lansdowne	General Adults	72	3	90		3	96	6	149	1	8	164	4	59	1	5	69						3	90		3	96
	Children		10	493			503	10	907			917		423			423						10	484			494
	School Children	16		47			47		272			272		237			237							35			35
	TOTAL	88	13	630		3	646	16	1328	1	8	1353	4	719	1	5	729						13	609		3	625
Langa	General Adults	1				4	4				4	4				4	4										
	Children																										
	TOTAL	1				4	4				4	4				4	4										

Table IX.2

Table IX.2 Continued

CENTRE		SESSIONS	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Guguletu	General Adults	19				114	114				154	154				63	63									91	91
	Children					104	104				128	128				39	39									89	89
	TOTAL	19				218	218				282	282				102	102									180	180
City Hospital	General Adults	7		38		8	46		64		12	76		48			48							16		12	28
	Children			10			10		10			10		1			1							9			9
	TOTAL	7		48		8	56		74		12	86		49			49							25		12	37
Heideveld	General Adults	51		244			244		401			401		160			160							244			244
	Children			593			593		1078			1078		485			485							593			593
	TOTAL	51		837			837		1479			1479		645			645							837			837
Mitchell's Plain	General Adults	2		29			29		29			29		9			9							20			20
	Children			8			8		8			8		1			1							7			7
	TOTAL	2		37			37		37			37		10			10							27			27
Maitland Cottage Homes	Children	4		21			21		47			47		47			47										
TOTAL	Adults	1879	754	4396	5	1644	6799	2650	10473	8	3484	16615	303	2523	3	1142	3971	261	195	1	43	500	2094	8003	4	2327	12428
	Children		451	4937	8	481	5877	1144	9372	32	778	11326	349	4216	24	385	4974	177	103		11	291	719	5174	8	1471	7372
	School Children	309	82	1390			1472	462	3955			4417	101	3300			3401	278				278	123	655			778
	TOTAL	2188	1287	10723	13	2125	14148	4256	23800	40	4262	32358	753	10039	27	1527	12346	716	298	1	54	1069	2936	13832	12	3798	20578

CENTRE		DENTURES SUPPLIED									
		W		C		A		B		T	
		FULL	PARTIAL	FULL	PARTIAL	FULL	PARTIAL	FULL	PARTIAL	FULL	PARTIAL
Hope Street	Adults	183	49	576	54			125	25	884	128
	Children	3	5	5	8			1		9	13
	TOTAL	186	54	581	62			126	25	893	141

Table IX.3 *TRENDS IN ATTENDANCES AT DENTAL CLINICS : 1974 – 1977*

	1974				1975				1976				1977					
	WHITE	C, A & B	TOTAL	L and G	WHITE	C, A & B	TOTAL	L and G	WHITE	C, A & B	TOTAL	L and G	W	C	A	B	T	L and G
NEW ATTENDANCES																		
School Children	86	15520	15606	1382	148	11566	11714	1423	157	5057	5214	621	82	1390			1472	
Other Children	928	9874	10802		730	10155	10885		469	7478	7947		451	4937	8	481	5877	104
Adults	766	11556	12322	2029	617	10966	11583	2030	792	9111	9903	821	754	4396	5	1644	6799	117
TOTAL	1780	36950	38730	3411	1495	32687	34182	3453	1418	21646	23064	1442	1287	10723	13	2125	14148	221
TOTAL ATTENDANCES																		
School Children	630	22657	23287	2292	528	16321	16849	2095	464	8144	8608	1218	462	3955			4417	
Other Children	2414	16175	18589		1482	14724	16206		1062	14150	15212		1144	9372	32	778	11326	128
Adults	2656	23761	26417	3163	1895	19947	21842	2915	2507	18754	21261	1579	2650	10473	8	3484	16615	158
TOTAL	5700	62593	68293	5455	3905	50992	54897	5010	4033	41048	45081	2797	4256	23800	40	4262	32358	286
NUMBER OF SESSIONS (all races)																		
General			2736				2601				2304						1879	20
School Children			1471				1291				593						309	

C, A & B = Coloured, Asiatic and Black (including Langa and Guguletu).

L and G = Langa and Guguletu (including in C,A & B for 1974 to 1976 and B for 1977).

Table X.1 *ATTENDANCES AT EXAMINATION CENTRE : 1977*

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	2 064	1 446	524	94
City Electrical Engineer	434	322	101	11
Town Clerk	557	381	151	25
City Treasurer	39	26	12	1
Health	17	8	8	1
TOTAL	3 111	2 183	796	132

The Department also provides medical attention for Fire Brigade and Traffic personnel.

Table X.2 *ATTENDANCES AT CLEANSING STATION : 1977*

PERSONS	FIRST ATTENDANCES						TOTAL ATTENDANCES					
	SCABIES	IMPETIGO	BODY LICE	RING WORM	HEAD LICE	TOTAL	SCABIES	IMPETIGO	BODY LICE	RING WORM	HEAD LICE	TOTAL
CHILDREN UNDER 16 YEARS OF AGE:												
White boys	3	2			74	79	3	2			74	79
White girls	9	5			97	111	9	5			97	111
C, A & B Boys	493	37			63	593	499	37			63	599
C, A & B Girls	564	48			199	811	564	48			199	811
TOTAL CHILDREN	1 069	92			433	1 594	1 075	92			433	1 600
ADULTS:												
White males	7	2	4			13	7	2	4			13
White females	6	1	2		2	11	6	1	2		2	11
C, A & B males	185	16	24			225	185	16	24			225
C, A & B females	155	8	14			177	155	8	14			177
TOTAL ADULTS	353	27	44		2	426	353	27	44		2	426
TOTAL PERSONS:												
White	25	10	6		173	214	25	10	6		173	214
Coloured Asian and Black	1 397	109	38		262	1 806	1 403	109	38		262	1 812
All races	1 422	119	44		435	2 020	1 428	119	44		435	2 026

Table XI.1 INSPECTIONS MADE BY DISTRICT HEALTH INSPECTORS : 1976 – 1977

INSPECTIONS MADE RE	1976	1977		
	Total	Total	Langa*	Guguletu*
Accommodation Establishments	598	741		
Bake Houses	904	1 082		1
Barbers and Hairdressers	1 182	932	25	81
B.A.A.B. area Vaccinations and De-Lousing	21 972	12 696	12 696	
Chalets	7 606	9 038	6	27
Dairy Farms	1 681	2 150		
Dry Cleaners and Laundries	393	348		
Dry Cleanettes and Laundrettes	202	220		
Hawker Stores	1 747	1 608	125	151
Horse Stables and Riding Schools	519	1 053		
House Inspections	17 903	20 391	701	1 149
Infectious Diseases	1 206	1 965	68	40
Kennels and Pet Boarding Establishments	6	33		
Magistrates Courts	44	77		
Manufacturers . . . Ice Cream	538	188		
Other Food	827	1 063		
Markets	2 025	441		
Mattress Makers and Upholsterers	154	128		
Milk Depots	1 228	741	60	11
Offensive Trades	59	120		
Office Interviews	7 826	9 231	65	311
Open Land and Beaches	7 690	8 709	21	48
Other Visits	879	7 515	295	457
Places of Entertainment and Sports Grounds	1 284	963	1	24
Plans, Deposited Re Sites or Premises	424	292		
Poultry, Slaughterers of	105	177		
Refuse Tips	187	148	34	18
Restaurants, Cafes, Eating Houses & Caterers	8 568	10 197	66	31
Schools, Creches and Nursery Schools	897	1 127	5	114
Shops. Food . . . Butcher	4 059	4 626		
Dairy	330	242	498	946
Fish	1 540	1 562		
Other	8 666	11 858		
Non Food . . . Factory & Other Premises	3 810	4 504	121	225
Smoke Pollution	49	23	2	
Standing Water & Catchpits Re Mosquitoes	474	1 025		
Streets, Courts and Lanes	3 202	3 544	9	1
Undertakers	66	48		
Vehicles . . . Meat	709	605	97	186
Other Food	1 283	1 439		
Wash Houses	288	54	24	8
Water Sampling	343	1 099		
Workshops, Warehouses and Garages	1 503	1 472		
TOTAL	122 891	125 475	14 919	3 829

* Included in 1977 Total

Table XI.2 *PARTICULARS IN CONNECTION WITH VISITS RECORDED IN TABLE XI.1*

Visits to premises where action was taken in connection with rodent infestation	106
Visits at which premises were disinfected	17
Drain tests carried out	84
NEW NOTICES SERVED	
Verbal notices	463
Formal written notices	1 710
Total proceedings instituted	2 173
Written notices following verbal notices	2
TOTAL NOTICES SERVED (including new and subsequent notices)	
Verbal notices	463
Formal written notices	2 120
TOTAL NOTICES SERVED	2 583

Table XI.3 *ITEMS INCLUDED IN THE 2 583 NOTICES DETAILED IN TABLE XI.2, BY WARD*

	Drainage	Household	Food Premises	Non Food Premises	Stable	Other	Total
Ward 1		8	10	1		6	25
Ward 2		29	22	1		5	57
Ward 3		35	24	3		9	71
Ward 4	2	82	79	12		18	193
Ward 5		47	17	2		7	73
Ward 6		1	42	5			48
Ward 7		2	14				16
Ward 8		52	52	5		6	115
Ward 9		72	127	7		25	231
Ward 10		59	25			7	91
Ward 11		45	22	1		10	78
Ward 12		1	17	1		14	33
Ward 13		149	339	78	9	130	705
Ward 14		55	48	14		19	136
Ward 15		59	81	9		15	164
Ward 16		9	33	1	3	31	77
Ward 17		41	91	18	1	122	273
TOTAL	2	746	1 043	158	13	424	2 386

Other defects were dealt with by the inspectors by reports of transmission to the City Engineer and other departments of the Corporation as follows:—

Stopped drains	463
Defective water fittings	54
Unauthorised structures	136
Undrained premises	81
Structural defects to premises	154
Other defects	163

Table XI.4 *MAGISTRATES COURT CASES HEARD AT THE INSTANCE OF THE CITY HEALTH DEPARTMENT : 1977*

Nature of Offence	NUMBER OF CASES						Total Fines R
	Total	Suspended sentence	Fined	Cautioned	Not Guilty	Withdrawn	
Dwelling-house premises in insanitary conditions	9	2	6			1	165
Insanitary conditions or other offences at food premises	1		1				30
Selling foodstuffs in contravention of the Foodstuffs, Cosmetics and Disinfectants Act	20		19	1			1 180

(In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded, the case is recorded in the table accordingly notwithstanding that the other accused may have been discharged).

Table XI.5

APPROVAL FOR INSTALLATION OF FUEL BURNING APPLICATIONS: 1977

Appliances	Coal	Coke	Anthracite	H.F.O.	Diesel	Wood	Sawdust	Gas	Electricity	Approvals granted as				Total number of appliances installed	Total number of certificates issued
										Retentions	Installations	Resiting	Replacement		
Hot Water Boilers			2		14			2		5	11			17	14
Steam Boilers				5	11					5	10	1		16	16
Air Heaters					3					2	1			3	3
Replacement of chimneys to fuel burning appliances				8	8	1							17	17	16
Ovens and Stoves					8					5	8			8	5
Pizza Ovens						2					2			2	2
Stand-by Generators					1						1			1	1
Forges															
Furnaces															
Dryers					1							1		1	1
Incinerators															
Coffee and chicory roasters					1					1				1	1
Cremators								1			1			1	1
Smoke Boxes							6				6			6	1
Liquid Phase heaters				1	1						2			2	2
Other appliances, dip tanks and heat exchangers					2					1	1			2	2
			2	14	50	3	6	3		19	43	2	17	78	65
Conversion of fuel: Hot water boiler — gas to diesel															1
															66

Table XI.6

AIR POLLUTION CONTROL INSPECTIONS CARRIED OUT AT PREMISES : 1977

Month	Routine inspection	Excessive smoke	Smoke in smokeless Zones	Approvals granted	Plans	Unofficial installations	Proposed installations	Licences	Complaints of			Other visits
									Burning Waste	Smoke	Other emissions	
January	37	5		4	1	1	5	2	6	1	1	
February	39	6		8			3	5	5		1	1
March	60	6		7	3	2		4	4			
April	48	3		5	4		4	5	7			
May	48	9	3	8	4	2		1	6	3	2	4
June	46	5	5	7	4	2	4	1	3	2	2	6
July	42	10	7	5	1	2	5	5	1	1	1	2
August	41	7	4	11	1	1	3	2	5	5	1	4
September	70	6		5	3	5	5	1	4	5	1	4
October	63	9		17	3	4	10	8	3	2	10	21
November	40	8		8		1	14	1	15	14	39	
December	52	10		7	4	2	10		7	22	10	5
TOTAL	568	84	19	92	28	22	63	35	66	55	68	47

Table XI.6

Table XI.7 COMPLAINTS CONCERNING AIR POLLUTION RECEIVED DURING 1977

Complaint	Total
Smoke and products of combustion	59
Burning of waste material	54
Braaivleis fires	11
Vehicle emissions	6
Other emissions into atmosphere	32
TOTAL	162

Table XI.8 DISEASED ANIMALS SLAUGHTERED AT THE ABATTOIR : 1977

	BOVINES			CALVES			SHEEP & GOATS			PIGS		
	No. of carcases	Parts affected	Portions (weight kg)	No. of carcases	Parts affected	Portions (weight kg)	No. of carcases	Parts affected	Portions (weight kg)	No. of carcases	Parts affected	Portions (weight kg)
Degenerative & Dropsical conditions												
Emaciation	35	420		32	256		217	1696		6	48	
Fatty Degeneration								189				
Necrosis		627		5			3	9939		1	7079	
Oedema	1	12					8	64				
Cachexia	3	36		4	72		10	80		9	72	
General conditions												
Anaemia												
Blood splashing							3	24				
Bruising	209	2837	26728	11	85		184	1372	5267	16	1102	2365
Contamination		1502			93			27			141553	
Fever	23	208		21	168		44	352		17	152	
Icterus	54	626		9	82		169	1184		4	32	
Inefficient bleeding												
Immaturity				6	48							
Multiple haemorrhage												
Mutilated							2	16				
Moribund	40	496		35	312		332	2656		31	248	
Offensive odours												
Overscolding										1	8	
Telangiectasis		2063										
Uraemia	5	61		1	8		7	56		4	40	
Ketosis	1	12										
Infectious Diseases												
Actinomycosis		581										
Anaplasmosis	24	347		12	24							
Caseous Lymphadenitis							212	103532	7940	2	8	
Babesiosis	1	12								3	24	
Erysipelas							22	8306	850	44	448	
Lymphaducitis	1	12		2	16		15	8032	826	15	40	
Lumpy skin												
Tuberculosis	227	6367	40							4	134	
Inflammatory conditions												
Adenitis												
Arthritis	4	49		7	64		170	1367		13	104	
Cirrhosis		2114						25889			4551	
Dermatitis										2	16	
Enteritis	5	60		43	352					1	739	
Gastritis										1	8	
Ketosis												
Pleuritis & Peritonitis	19	227		2	16							
Mastitis												
Metritis	6	72					37	342		12	96	
Myotitis												
Nephritis	8	96		9	168		18	144		2	16	
Omphaloplebitis		112		138	1002							
Pericarditis	7	1757		1	8			9042			1135	
Peritonitis	116	9028		18	129		54	408		71	569	
Pleuritis	20	1890		4	134		2	13491	12807	35	272	
Pneumonia	59	1546		58	650		267	14400		153	1224	
Parasitic conditions												
Cysticerosis	254	21800		1	8					41	404	
Fascioliasis		595						3129				
C. Tenuicollis Infection		260			1		3	34925		3	314	
Hydatidosis		3883			56			26123		289	2151	
Mange								17486				
Lungworm								19477				
Oesophagostomiasis		52						56242			16	
Sarcosporidiosis	25	297					63	502		24	32	
Stilesia Hepatic Infection		94						138922				
Septic conditions												
Abscesses		14920									296	650
Gangrene	52	631		4	32		14	122		12	96	
Pyaemia	75	900		13	112		139	1098		434	1872	
Septicaemia	12	144		4	32		2	16		20	160	
Toxaemia												
Neoplasms												
Melanomata												
Tumors (Others)							1	8				
Pigmentary conditions												
Melanosis												

Table XI.9 *SAMPLING UNDER ACT NO 54 OF 1972 : 1977*

Name of Samples	No. of Samples	Adulterated	Prosecuted	Warned	Not Guilty	Pending	Fines R
Milk	87						
Cream	53						
Mince Meat	149	6	3	3			275
Sausage	252	18	14	4			805
Polony	54	4		4			
Ice Cream	19						
Yoghourt	46						
Buttermilk	56						
Cheese	65						
Dripping	9						
Fruit Juice	25	2		2			
Butter	2						
Brawn	2						
Vinegar	4	3	2	1			100
TOTAL	823	33	19	14			1180

Table XI.10 *APPLICATIONS TO TRADE REPORTED ON BY THE MEDICAL OFFICER OF HEALTH : 1977*

A Applications received
B Granting of licences recommended (without conditions)
C Granting of licences recommended (subject to conditions)
D Number under item 3 later reported as having complied with conditions
E Refusal of licences recommended
F Applications withdrawn

			A	B	C	D	E	F
Under Municipal Regulations		Purveyors of Milk	26	19	7	7		
		Milk in Cartons	1	1				
		Milk in Tankers	5	4	1	1		
		Slaughterer of Poultry	2	2				
		Electrical Wiring Contractor	26	24	2	2		
		SUB TOTAL	60	50	10	10		
Under Provincial Ordinance No 15 of 1953 as amended by Ordinance 19 of 1972 (The Registration of Businesses Ordinance)	Food Premises	Accommodation Establishments	36	18	16	16	1	1
		Bakers	29	21	8	8		
		Butchers	45	17	28	28		
		Cafe Keepers	338	185	146	146	2	5
		Dairy Farms	199	198	1	1		
		Dairy Shops	1	1				
		Eating Houses						
		Fish Mongers and Fish Friers	23	10	13	13		
		Food Manufacturers	23	10	13	13		
		General Dealers	1603	1150	434	434	11	8
		Hawkers	1728	965	763	763		
		Restaurants	26	17	9	9		
		Other Food Premises	169	90	78	78	1	
		SUB TOTAL	4220	2682	1509	1509	15	14
	Non-Food Premises	Laundries and Dry Cleaners	31	17	13	13	1	
		Creches or Nursery Schools	17	14	3	3		
		Dealers in Motor Vehicles and Garages	221	119	99	99	2	1
		Kennels or Pet Boarding Establishments	2	1			1	
		Offensive Trades	2	2				
		Places of Entertainment	176	129	44	44	1	2
		Workshops	26	10	16	16		
		Other Non Food Premises	439	304	133	133	2	
		SUB TOTAL	914	596	308	308	7	3
Under Government Regulations		Mattress Makers and Upholsters	38	21	14	14	2	1
		TOTAL	5232	3349	1841	1841	24	18

Table XI.11 *APPLICATIONS TO TRADE IN BANTU AFFAIRS ADMINISTRATION BOARD AREAS DEALT WITH IN 1977*

	LANGA	GUGULETU
General Dealer in Foodstuffs	2	—
General Dealer Non-foods	3	2
Purveyor of Milk	1	2
Hawkers	16	46
Pedlar	—	1
Tea-shop	—	1

Note: Of the 46 hawker applications in Guguletu, only 18 were suitable for licensing. The remainder had no suitable storage accommodation as the stores provided by the Bantu Affairs Administration Board had been destroyed during the unrests. The stores have not been re-instated nor has alternative storage been provided.

Table XI.12 *DWELLINGS COMPLETED BY THE CITY COUNCIL : 1977*

	Economic	No. of Houses	Sub-economic
Whites (Home Ownership)		1316	
Non-Whites (Home Ownership)			
Lavender Hill			86
Valhalla Park			177
	NIL	1316	263

Table XI.13 *APPLICATIONS TO DEMOLISH OR CONVERT DWELLINGS (NOT MORE THAN FIVE ROOMS) AND OTHER RESIDENTIAL PREMISES RECOMMENDED FOR APPROVAL OR APPROVED : 1977*

No. of rooms per unit	1977
1	2
2	30
3	35
4	26
5	13
SUB-TOTAL (Dwellings)	106
6	9
7	3
8	
9	
10	
11	
12	
13	
Multi-roomed boarding houses and hotels	
SUB-TOTAL (Other Premises)	12

Table XI.14 *RODENT CONTROL OPERATIONS : 1973 – 1977*

	1973	1974	1975	1976	1977
Inspections by pest control officers	5597	6542	3813	3406	3116
Inspections re rodents by other inspectors	44	31	334	108	106
Inspections re mosquitos by other inspectors	414	754	548	471	730
Visits made to lands and premises by rat-catchers:					
Re rodents	58433	48741	47773	41830	44170
Re mosquitoes	13995	12150	9416	10479	18371
Numbers of notices served by pest control officers:					
Verbal	3	2	19	16	24
Written	29	21	33	10	38
Number of rodents caught and destroyed:					
Brown rats	7542	7024	6012	5610	6524
Black rats	259	354	226	403	147
Gerbilles	42		1	12	
Recovered after gassing operation	394				
TOTAL	8237	7378	6239	6025	6671

(The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed).

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